

RFP-07-02-READ

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If interested in responding to this solicitation, you may choose to submit your offer on the downloaded document provided you register your company by phone, fax or email for this specific solicitation.

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REGISTRATION:

Phone No.: (808) 586-9312
FAX No.: (808) 586-2526
E-Mail Address: bids@dbedt.hawaii.gov

Provide the following information:

⊕ Name of Company	⊕ Mailing Address
⊕ Name of Contact Person	⊕ Telephone Number
⊕ Facsimile Number	⊕ Solicitation Number

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1. Request a copy of this Solicitation to be mailed or delivered:

Phone No.: (808) 586-9312
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STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

Sealed proposals will be received up to and opened at 11:00 a.m.. (HST)

on

September 15, 2006

in the Administrative Services Office/Contracts, No. 1 Capitol District, 250 S. Hotel St., 5th Floor, Room 504, Honolulu, Hawaii, 96813.

Questions relating to this bid solicitation may be directed to Ms. Eileen Harada, phone (808) 586-9312 or facsimile (808) 586-2526.

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REQUEST FOR PROPOSALS

The Department of Business, Economic Development, and Tourism
Research and Economic Analysis Division

Solicitation No. RFP-07-02-READ

NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2007 AND 2008

Pursuant to the Hawaii Public Procurement Code, Chapter 103D, Hawaii Revised Statutes, the State of Hawaii Department of Business, Economic Development, and Tourism (DBEDT) Research and Economic Analysis Division (READ) is soliciting proposals to conduct the Neighbor Island Visitors' Basic Characteristics and Expenditure Survey for calendar years 2007 and 2008.

Project Description:

READ seeks to obtain services to conduct the Neighbor Island Visitor Basic Characteristics and Expenditure Survey for calendar years 2007 and 2008. The survey involves distributing self-administered survey questionnaire forms to passengers departing from the Kahului airport on Maui; the Lanai airport, the Molokai airport; the Lihue airport on Kauai; and the Hilo and Kona airports on the Big Island. New to the 2007 and 2008 survey will be a component to survey visitors departing on direct flight to Canada from Maui, which is currently part of the 2006-2007 Statewide International Visitors' Basic Characteristics and Expenditures survey (under a separate Contract). The CONTRACTOR will also be required to collect a minimum number of survey forms from Japanese visitors departing from the Kona International Airport.

The CONTRACTOR shall collect the survey questionnaire forms and process and report visitor data. Data to be collected from this study shall include, but not be limited to: out-of-state visitor characteristics and spending on each Neighbor Island; Hawaii resident visitor characteristics and spending on each Neighbor Island and the characteristics of Hawaii residents traveling out-of-island.

Requirements:

All written questions must be submitted to the DBEDT/Administrative Services Office/Contracts by 4:00 p.m., Hawaii Standard Time (HST) on August 23, 2006.

Proposals shall be received up to 11:00 a.m.. HST on September 15, 2006 in the Administrative Services Office/Contract, DBEDT, State of Hawaii, No. 1 Capitol District, 5th Floor, Room 504, 250 South Hotel Street, Honolulu, Hawaii, 96813. Proposal documents may be obtained from said office between the hours of 8:30 a.m. to 11:30 a.m. and 1:30 p.m. to 4:00 p.m., Monday through Friday, except for STATE holidays. All interested parties must register with said office at the time a proposal document is requested. **PLEASE NOTE: REGISTRATION IS**

MANDATORY.

All proposals must comply with General Terms and Conditions (GTC) dated April 15, 1996. The GTC for Goods and Services is available at the DBEDT website www.hawaii.gov/dbedt/info/bidfiles. Offerors are encouraged to carefully read the entire proposal documents. Proposals must be submitted on DBEDT proposal forms **with an original signature. If possible, blue ink is preferred.**

All proposals must comply with the Hawaii Administrative Rules (HAR) Section 3-122-112 (Exhibit D). Offeror is advised that if awarded a contract under this solicitation, Offeror shall, upon award of the contract, furnish proof of compliance with the requirements of § 103D-310(c), HRS:

- 1) Chapter 237, tax clearance;
- 2) Chapter 383, unemployment insurance;
- 3) Chapter 386, workers' compensation;
- 4) Chapter 392, temporary disability insurance;
- 5) Chapter 393, prepaid health care; and
- 6) One of the following:
 - a. Be registered and incorporated or organized under the laws of the State, hereinafter referred to as a "Hawaii business"; or
 - b. Be registered to do business in the State, hereinafter referred to as a "compliant non-Hawaii business".

Eileen Harada for
Theodore E. Liu, Director
Department of Business, Economic Development, and
Tourism, State of Hawaii

CAUTION!!!!

- 1. ALL PROPOSALS MUST BE SUBMITTED ON DBEDT PROPOSAL FORMS. FAILURE TO SUBMIT ON SUCH FORMS MAY RESULT IN DISQUALIFICATION.**
- 2. ALL INTERESTED PARTIES MUST REGISTER WITH THE DBEDT ADMINISTRATIVE SERVICES/CONTRACTS OFFICE.**
- 3. ALL WRITTEN QUESTIONS MUST BE SUBMITTED TO THE DBEDT/ADMINISTRATIVE SERVICES OFFICE/CONTRACTS BY THE DATE AND TIME INDICATED ON THE SIGNIFICANT DATES SECTION.**
- 4. PROPOSAL SUBMISSIONS MUST INCLUDE AN ORIGINAL SIGNATURE AND FIVE (5) COPIES. FAILURE TO SUBMIT SUCH ORIGINAL MAY RESULT IN DISQUALIFICATION. IF POSSIBLE, AN ORIGINAL SIGNATURE IN BLUE INK IS PREFERRED.**
- 5. ALL PROPOSALS MUST BE RECEIVED BY THE DBEDT ADMINISTRATIVE SERVICES/CONTRACTS OFFICE BY THE DATE AND TIME INDICATED IN THE SIGNIFICANT DATES SECTION.**
- 6. OFERORS ARE CAUTIONED TO MAKE PRIOR ARRANGEMENTS TO ENSURE DELIVERY BY THE BID DUE DATE.**

Proposal and registration forms are available at the:

**Department of Business, Economic Development, and Tourism
Administrative Services Office / Contracts**

No. 1 Capitol District

250 So. Hotel Street, 5th Floor, Room 504

Honolulu, Hawaii 96813

www.hawaii.gov/dbedt/info/bidfiles

Contact person: Eileen Harada

808-586-9312

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

**INTRODUCTION, SIGNIFICANT DATES, AND
OFFICIAL CONTACT PERSON**

INTRODUCTION, SIGNIFICANT DATES AND OFFICIAL CONTACT PERSON

A. INTRODUCTION

The Department of Business, Economic Development, and Tourism (DBEDT), Research and Economic Analysis Division (READ), also referred to as STATE herein, seeks to obtain services to conduct the Neighbor Island Basic Characteristics and Expenditure Survey for calendar years 2007 and 2008.

B. SIGNIFICANT DATES

- | | |
|--|--------------------|
| - Advertisement | August 9, 2006 |
| - Issuance of Request for Proposal | August 9, 2006 |
| - Deadline for Offeror's Written Questions
by 4:00 p.m. | August 23, 2006 |
| - Response to Offeror's Questions and Addenda Deadline
(if necessary) | August 25, 2006 |
| - Sealed Proposal Due, 11:00 a.m., | September 15, 2006 |

C. OFFICIAL CONTACT PERSON

The official contact person for all communication regarding the RFP is:

Eileen Harada
Department of Business, Economic Development, and Tourism
Administrative Services Office/Contracts
No. 1 Capitol District
250 S. Hotel St., 5th Floor, Room 504
Honolulu, Hawaii 96813
Telephone: (808) 586-9312
Email: bids@dbedt.hawaii.gov

Official responses to Offeror's timely questions shall be made through written addenda issued to all Offerors who have registered with DBEDT. Offerors' attention is directed to the deadlines for questions and addenda stated above.

STATE OF HAWAII
DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION

NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008

SOLICITATION No. RFP-07-02-READ

STATEMENT OF WORK

NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2007 AND 2008

A. OBJECTIVE

The purpose of this survey is to collect, process and report data from visitors departing from the Kahului, Lanai and Molokai airports of Maui County; the Hilo and Kona airports of Hawaii County and the Lihue airport of Kauai County for calendar years 2007 and 2008.

New to the 2007 and 2008 survey will be a survey of visitors departing on direct flight to Canada from Maui, which is currently part of the 2006-2007 Statewide International Visitors' Basic Characteristics and Expenditures survey (under a separate Contract). The CONTRACTOR will also be required to collect survey forms from Japanese visitors departing from the Kona International Airport.

Data to be collected from this study shall include but not be limited to: out-of-state visitor characteristics and spending on each Neighbor Island; Hawaii resident visitor characteristics and spending on each Neighbor Island and the characteristics of Hawaii residents traveling out-of-island.

The CONTRACTOR shall begin preliminary work (staffing of interviewers on each neighbor island, obtaining security badges and clearance for interviewers at each neighbor island airport, survey form design and printing, sampling and scheduling, trial run of data processing procedures etc.) on the project in October 2006 with the survey periods from January 2007 – December 2008 and final reporting and documentation by April 2009.

In addition, the CONTRACTOR shall process, weight and tabulate the data collected; and prepare monthly, quarterly and annual reports for the neighbor island survey for STATE review and approval. Data are released to the public monthly, quarterly and annually through press releases and the Annual Visitor Research Report and posted on the DBEDT website.

The ability of the CONTRACTOR to scan/input data, process, program and report data from survey forms in a quick, accurate and efficient manner is crucial to the success of the project.

The CONTRACTOR is required to have extensive working knowledge of the following software programs:

- 1) TELEform version 8.0 or later, data verification, hand writing recognition and scanner programming software.
- 2) Statistical Package for the Social Sciences (SPSS) Version 14 or later, data processing software.

Offerors shall provide to the STATE a detailed list of past work experience including projects

which required scanning, programming and data processing. Offerors shall list date and description of projects i.e. number of forms scanned and how data were processed.

B. SCOPE OF WORK – The CONTRACTOR shall provide all of the following services for calendar years 2007 and 2008 respectively, unless otherwise specified under the terms and conditions, herein:

I. Overall Project Requirements. The CONTRACTOR shall:

1. Work with the STATE to develop and maintain the format of neighbor island visitors' basic characteristics and expenditure statistics that is compatible with historical data sets. Thoroughly review the survey forms, program files, processing and tabulation protocols and methodologies detailed in the Exhibit E - 2005 Neighbor Island Visitors' Basic Characteristics and Expenditure Survey Documentation Manual. All methodologies used in this project must be fully documented and incorporated into the project Documentation Manual by the CONTRACTOR at the end of each calendar year. Seek continuous improvement in the implementation of this project according to STATE specifications and approval.
2. Staff a local (Hawaii) office with at least one full-time person dedicated to this project. Said person shall have a minimum of five (5) years experience in conducting tourism research. Said person shall be the project manager for the survey. Responsibilities include, but are not limited to, coordinating adequate staffing of interviewers for each neighbor island to ensure that monthly quotas of completed survey forms required by the STATE are met. In addition the project manager shall oversee the processing, programming and reporting of neighbor island visitors' basic characteristics and expenditure data.
3. Prepare, print and distribute survey forms as described herein.
4. Statistics collected from the survey may be scanned or manually entered into a machine-readable format. If data are manually entered, the statistics must be one hundred percent (100%) key verified using a verification package and a second operator. If data are scanned, the CONTRACTOR must one-hundred percent (100%) verify all questions requiring handwritten answers.
5. Perform regular tests throughout the term of the Contract to check on the accuracy of the scanning equipment, data entry and data processing procedures.
6. Meet with the STATE once a week or as required by the STATE throughout the term of the Contract to report on project status and to ensure timely and accurate

deliverables.

7. Submit weekly progress reports to the STATE, which shall include but not be limited to, number of survey forms collected, processing, and tabular progress reports. Timing, format and content shall be determined by the STATE.
8. Maintain proper accounting procedures and practices acceptable to the STATE to include, but not be limited to, maintaining books, records, documents, and other evidence related to the project's performance. Financial records including all expenditures and receipts shall be accurate and in accordance with standard accounting procedures and practices. STATE funds allocated under the Contract shall be expended in accordance with the provisions set forth in the Contract. The books, records, and documents shall be subject to inspection, reviews or audits by the STATE.

II. Preliminary Work Requirements.

The CONTRACTOR shall complete the following tasks **within forty-five (45) days** from the effective date of the Contract for STATE review and comments.

1. Review the Scope of Services under the Contract and Exhibit E 2005 Neighbor Island Visitors' Basic Characteristics and Expenditure Statistics Documentation to understand all tasks required of this project.
2. Upon the effective date of the Contract, immediately staff interviewers who will conduct the surveys at the Kahului, Lanai, Molokai, Lihue, Hilo and Kona International airports.
3. Hire an interviewing supervisor to oversee interviewers surveying passengers departing from the Kahului and Lanai airports during the twenty-four - (24) month survey period of the Contract. Said hiring is required by the Maui County Airport Management to comply with increased security measures enforced by the Transportation Security Administration (TSA). Costs of said hiring shall be included in the CONTRACTOR'S budget.

The interviewing supervisor shall perform tasks that shall include, but not be limited to, the following:

- a) Obtaining airport clearance badges required to oversee the survey interviewers and those airport clearance badges required by the survey interviewers at both the Kahului and Lanai airports. Be responsible for said badges and follow directives of Airport Management regarding check in and check out procedures at the beginning and ending of each survey day.

- b) Being present at the survey sites, during the entire term of each survey day.
 - c) Ensuring that the interviewers' activities at the Kahului and Lanai airports are in compliance with Airport Management and TSA restrictions.
 - d) Coordinating with the STATE and Airport Management regarding the survey schedules and activities.
4. The CONTRACTOR must ensure that interviewers hired are in good standing by conducting thorough reference and background checks. The CONTRACTOR must ensure that there are an adequate number of interviewers assigned to this project so that no shift shall be missed due to sickness or vacation times.
 5. With assistance from the STATE, obtain all necessary airport clearances including fingerprinting, FBI background checks, security badges for each interviewer assigned to conduct the survey in the lobby, in the shopping areas and at the international departure areas of these airports during the term of the Contract. Security clearance fees (badges, finger printing costs, etc.) shall be included in the proposed budget. Security clearance, background checks and fingerprinting may take about three (3) weeks to one (1) month to obtain.
 6. The CONTRACTOR shall not use this clearance attained through the STATE to conduct surveys for any and all other companies or entities at the same time as this Neighbor Island visitor survey.
 7. Submit for prior STATE approval, the vest to be worn by the interviewers assigned to this project. The vest shall be made of a Hawaiian printed fabric. As a representative of the STATE, the interviewers must wear the vest, be well groomed and dressed in professional office attire at all times (i.e. no T-shirts, slippers, shorts, jeans, revealing clothing, etc.). Upon STATE approval of the vest provide the STATE with 20 colored photos for distribution to airport security staff.
 8. Collect and review monthly flight schedules from individual carriers, Jiffisked flight schedule produced by Greeters of Hawaii, and schedules from inter-island air carriers Internet websites, including, but not limited to Hawaiian Airlines, Aloha Airlines, etc. and use this information to design the monthly sampling plan which shall be approved by the STATE before implementation. See section IV. Sample Design.
 9. Determine a sample framework for STATE review and approval. Compile for the STATE a table to determine scheduled flights by airlines, by major market areas (MMAs), time of day and day of the week to determine an appropriate schedule for interviews. (See example of Sample Flight table in Exhibit H).

10. Review the current English and Japanese versions of the survey forms and recommend any revisions based on project objectives. Work with the STATE to finalize the English and Japanese versions of the survey forms. The CONTRACTOR shall be responsible for the translation and layout of the questionnaire forms in TELEform software and the programming of their scanning equipment, if applicable, to ensure readability of said questionnaire forms. See Section III. Survey Instrument.
11. Upon STATE approval, print the English and Japanese versions of the survey forms for the first quarter 2007.
12. Perform a trial run of the CONTRACTOR's data processing procedure (scanning/data entry, verifying, coding, processing, data tabulation and reporting etc.) according to STATE specifications. The STATE shall provide the CONTRACTOR with the initial program codes.
13. To ensure that the scanner/data entry and processing procedures are functioning at optimal efficiency as well as to ensure compatibility with historical data sets, the CONTRACTOR shall:
 - a) Make any adjustments/changes as needed to the scanner or data entry process;
 - b) Set up/adjust any necessary flagging routines, editing and coding rules; and
 - c) Add/develop checking routines and weekly reporting of checks to the STATE.
14. Design procedures to check data processing at various steps for STATE review and approval, including, but not limited to making sure that all survey forms are scanned and outliers are appropriately handled.
15. Perform any other services as necessary according to STATE specifications to ensure that scanner/data entry procedure and all programming and data processing methodologies are ready in time for the 2007 survey period which starts on January 1, 2007, and for the 2008 survey period which begins January 1, 2008.

III. Survey Instrument. The CONTRACTOR shall:

1. Review the statewide survey forms in English and Japanese currently in use and recommend any revisions based on project objectives. Develop and format any STATE approved revisions to the different versions of the survey forms. The CONTRACTOR shall also be responsible for the layout and programming the revisions into their scanning equipment to ensure readability of said survey questionnaire forms.
2. Maintain and update the statewide survey forms, including translations, as needed and/or requested by the STATE throughout the term of the Contract. The print

clarity and paper quality of the survey forms shall be equal to or better than the print clarity and paper quality of the survey forms currently in use (See attached Exhibit F for the current English version of the Neighbor Island Visitor Survey form and Exhibit G for the Japanese version of the Neighbor Island Visitor Survey form).

3. Print a sufficient quantity of survey questionnaire forms in English and Japanese to yield a representative sample each month. The CONTRACTOR shall provide the STATE with the number of survey questionnaire forms required in the proposal based on the CONTRACTOR's determination of a representative sample.
4. Print on a quarterly basis for the duration of the Contract to allow the STATE the opportunity to make any additional modifications to the survey instruments. The CONTRACTOR shall assist the STATE in making the changes to the survey questionnaire forms with no additional costs to the STATE. The STATE shall be the sole owner of all printing materials, which shall include, but not be limited to design, typeset and all TELEform and pdf files. Costs of printing and translation shall be included in the proposed budget.
5. Every time changes are made, the CONTRACTOR shall provide the STATE with the final English and Japanese versions of the questionnaire forms in hard copies, and the TELEform and pdf format of both versions of the survey forms within one (1) week after changes have been approved by the STATE.
6. Each time changes are made to the survey form, the CONTRACTOR shall run the revised form through the scanner (if applicable) to ensure readability. The CONTRACTOR shall also ensure that all programming and data processing procedures are revised accordingly for STATE review and approval. Fully document any changes by revising the STATE Documentation Manual at the end of each calendar year.

IV. Sample Design. CONTRACTOR shall:

1. The CONTRACTOR shall design the sampling methodology for prior STATE approval. The CONTRACTOR shall design sampling procedures to accurately reflect the visitor population with a minimum scheduled days and completed forms as described below. The CONTRACTOR shall indicate in the proposal the methodology to be used to achieve the sample size required.
2. The sampling frame shall include out-of-state visitors and Hawaii residents. Sample should include passengers of all age and ethnic groups defined in the survey questionnaire form.

3. Sample each month from January 2007 – December 2008. Survey days shall include weekdays and weekends. The schedule shall also include flights in the morning, afternoon and evening.
4. Minimum Sampling Requirements:
 - 1) Kahului Airport: at least twenty (20) days a month and one thousand four hundred (1,400) completed forms a month from U.S. West, U.S. East and other non-Canadian markets;
 - 2) Kahului Airport, at least five (5) days a month and two hundred (200) completed forms a month from Canadian visitors;
 - 3) Molokai Airport: at least ten (10) days a month and two hundred fifty (250) completed forms a month;
 - 4) Lanai Airport: at least six (6) days a month and one hundred fifty (150) completed forms a month;
 - 5) Lihue Airport: at least twenty (20) days a month and nine hundred (900) completed forms a month;
 - 6) Hilo Airport: at least ten (10) days a month and four hundred (400) completed forms a month;
 - 7) Kona Airport: at least twenty (20) days a month and nine hundred (900) completed forms a month from U.S. West, U.S. East and other non-Japanese markets; and
 - 8) Kona Airport at least five (5) days a month and one hundred fifty (150) completed forms from Japanese visitors.

The total number of required samples for all neighbor islands is four thousand three hundred fifty (4,350) completed survey forms a month.

5. Sample shall include all the major airlines including passengers (resident visitors and out-of-state visitors) departing on international, domestic and inter-island and charter flights.
6. Samples to be collected from the Lihue, Lanai, Molokai, Hilo and Kona airports shall be drawn randomly from all visitor markets including but not limited to: U.S. West, U.S. East, Japan, Europe, Canada, Oceania, Other Asia, Latin American, and others. For the Kahului airport on Maui where there are direct flights departing to Canada, the CONTRACTOR shall survey passengers departing on these flights in addition to the visitor markets previous listed. In addition, for the Kona International Airport the CONTRACTOR shall survey Japanese visitors as required.
7. Throughout the Contract, the CONTRACTOR shall update/revise the sampling plan and methodology if the STATE requires it.

8. A survey- form is considered to be complete if all of the following items are filled out correctly:
 - a) Size of party
 - b) Length of stay
 - c) Island visitation
 - d) Place of residence
 - e) Purpose of trip
 - f) Accommodation.
9. Closely monitor the response rate and the number of “completed forms.” If the completed forms fall short of the required returned samples due to a decline in the responding rate, the CONTRACTOR shall increase the number of forms to be distributed to achieve the targeted number of survey forms returned.

V. Data Collection. CONTRACTOR shall:

1. Deliver a detailed interview schedule based on sample design approved by the STATE which shall include, but not be limited to, date, shift hours, air carrier, flight number and destination of the flights targeted with the name(s) of the interviewer(s) responsible for the respective shift within seven (7) working days prior to the beginning of each month for STATE approval. The STATE shall approve or request changes to the detailed interview schedule within three (3) working days of receipt of said schedule.
2. The CONTRACTOR must ensure that there are adequate numbers of interviewers assigned to this project so that no shift shall be missed due to sickness or vacation times. However, should the CONTRACTOR miss a shift, the CONTRACTOR must notify the STATE immediately and make up the missed shift within the same month. The objective is not to skew the sampling frame by scheduling or making up missed shifts towards the end of the month.
3. Should the number of surveys delivered during any month be less than the minimum required from each neighbor island airport as stated in Section IV. Sample Design, paragraph 4., the CONTRACTOR shall be notified by the STATE that a penalty is pending. If in the following month the number of completed forms delivered does not exceed the monthly required quota, a penalty will be assessed. If the CONTRACTOR can collect more than the required quota and make up the shortage by the end of the third (3rd) month then no penalty shall be assessed.
4. If the CONTRACTOR delivers more than the required quota of completed forms for any month, the cumulative overage can be applied to no more than a three (3)

percentage shortage for that island that may occur in subsequent months within the calendar year.

5. The penalty shall be calculated as the percentage based on the number of missing forms (monthly quota of completed forms by island minus number of completed forms delivered, net any overages) divided by quota of completed forms multiplied by the total monthly charges for data sampling, data collection, data processing and data reporting responsibilities.
6. Distribute and collect questionnaires on scheduled working shifts each month. Shifts shall target all major carriers on specific days to include weekends (Saturday and Sunday). Labor Day, Thanksgiving, Christmas, and New Year's Day shall be excluded from the interviewing schedule.
7. Interviewers shall randomly select departing passengers (out-of-state visitors, Hawaii resident visitors, island's residents traveling out of island) in the lobby, shopping areas, or at the departure gate areas and ask the passengers to complete the survey questionnaire. Interviewers shall immediately review the surveys for completeness and attempt to increase completions by asking respondents to fill in key areas should said questionnaires be incomplete. All interviewers shall record counts of completed and attempted interviews on every shift and compile a weekly status report for STATE review.
8. The CONTRACTOR shall compile a sample flight table similar to the example provided in Exhibit H, on a weekly basis for STATE review and approval to ensure that flights that are selected are representative.
9. The CONTRACTOR interviewers assigned by the CONTRACTOR for the project must adhere to airport security rules and regulations. Interviewers must always be polite, courteous and professional when speaking with visitors and airport personnel. Any issues must be brought to the STATE's attention immediately.
10. Retain survey questionnaire forms for a minimum of three (3) months after the date on the forms. At the end of that period, the STATE shall have the option to have survey questionnaire forms delivered to the STATE offices or permit the CONTRACTOR to shred them. Before delivering the survey forms to the STATE or shredding the survey forms, the CONTRACTOR shall deliver image files (preferable .tif format) on CD or DVD to the STATE. Costs of shredding shall be included in the CONTRACTOR's budget.

VI. Processing Surveys. The CONTRACTOR shall:

1. Log and code completed survey questionnaires daily by date, shift code, airline code, and flight number. Each survey shall be given a unique respondent identification so that surveys can be retrieved and checked as needed for quality control. Questionnaires shall be keypunched or scanned using an image scanner. All questionnaires shall be processed daily except for weekends and federal holidays. Data collected on weekends shall be coded on the following Monday. All edited data shall be entered into Statistical Package for Social Sciences (SPSS), Version 14.0 or later.
2. All completed survey questionnaires and data associated with the direct flights to Canada from Maui shall be processed separately from the other neighbor island departure questionnaires. Completed questionnaires and data shall be forwarded to STATE by the 7th of each month.
3. Clean and tabulate the remaining sample data using SPSS following STATE specifications. The CONTRACTOR shall clean the inputted data by checking for outliers, inconsistencies, and miss-keyed responses. The CONTRACTOR shall identify cleaning items for the STATE to decide on how said items shall be resolved. Tabulated tables shall include but not be limited to information from Hawaii residents traveling inter-island, and out-of-state visitors by month, by airlines, by country of residence, by major market areas (MMA), by Metropolitan Statistical Area (MSA), by Hawaiian Island visited, by accommodation, by number of trip status, and by purpose of trip. Data tabulation shall be done on a cumulative monthly, quarterly and year-end basis.
4. Maintain and up date tabulation program, on an as needed basis as determined by the STATE to reflect any modifications made to the survey questionnaire forms.
5. Perform regular tests throughout the Contract to check on the accuracy of the scanning equipment, data entry and data processing procedures.
6. Apply STATE provided airline carrier passenger weights and other weights as necessary to the data and tabulate data as specified in paragraphs VIII. 1. through VIII. 8. below.
7. Design procedures for STATE approval to allocate trip package expenditures reported by visitors to Maui, Molokai, Lanai, Kauai and the Big Island. Compute per person per day visitor expenditures divided into individual components, which shall include, but not be limited to, air fare, lodging, rental car, meals, shopping and tour options. Use allocation methodology that will incorporate information from airlines for group airfares and secondary sources such as airline fare newsletters, transportation wholesalers, hotel average room rates, and so forth.

8. Implement any STATE changes in the allocation of package costs after STATE review and approval.
9. Monitor for any changes in package prices and provide for STATE approval any modifications to current structure. Fully document any changes by incorporating the updates into the year-end Documentation Manual.
10. Deliver to the STATE all the raw data, SPSS/PC programming syntax, and tabulated tables in electronic files.

VII. Weighting Results. The CONTRACTOR shall:

1. Adjust data each month for party size and returning residents. Apply STATE provided airline carrier passenger, port-of-entry and country weights to data.
2. Weight calendar year-end data by party size, final airline carrier passengers, port-of-entry and country weights provided by the STATE.
3. Work with the STATE to determine other weighting that may be required for calendar year-end data and, if necessary apply weight agreed upon with STATE for calendar year-end data.

VIII. Reporting and Delivery of Results. CONTRACTOR shall:

1. Submit for STATE approval survey counts by shift type and passenger type to the STATE each week.
2. Submit for STATE approval a fielding status report, which details the number of completed survey questionnaires by shift, airline carrier, flight number, and by island to the STATE each month.
3. Submit for STATE approval each month in electronic format, data banners, as determined by the STATE, which shall include, but not be limited to, information from Hawaii residents, inter-island visitors, and out-of-state visitors by month, by airlines, by country of residence, by MMA, by MSA, by Hawaiian Island visited, by accommodation, by number of trip status, and by purpose of trip no later than the **15th** of each month. If the 15th of the month falls on a weekend or a holiday, the CONTRACTOR shall deliver all banners on the following working day.
4. Submit for STATE approval each month in electronic format, data banners, as determined by the STATE, which shall include, but not be limited to, information

from Hawaii residents, inter-island visitors, and out-of-state **visitors excluding those who responded that they stayed on cruise ships while in Hawaii**, by month, by airlines, by country of residence, by MMA, by MSA, by Hawaiian Island visited, by accommodation, by number of trip status, and by purpose of trip no later than the **15th** of each month. If the **15th** of the month falls on a weekend or a holiday, the CONTRACTOR shall deliver all banners on the following working day.

5. Submit for STATE approval each month, in electronic format, preliminary weighted and unweighted expenditure banners, as determined by the STATE, all data files, banners and program syntax files. Said data shall be delivered to the STATE as SPSS files no later than the **15th** of each month. If the **15th** of the month falls on a weekend or a holiday, the CONTRACTOR shall deliver all banners on the following working day.
6. Submit for STATE approval each month, in electronic format, preliminary weighted and unweighted expenditure banners **excluding those who responded that they stayed on cruise ships while in Hawaii**, as determined by the STATE, all data files, banners and program syntax files. Said data shall be delivered to the STATE as SPSS files no later than the **15th** of each month. If the **15th** of the month falls on a weekend or a holiday, the CONTRACTOR shall deliver all banners on the following working day.
7. Submit for STATE approval an electronic delivery on a quarterly, half-year and annual basis, cumulative weighted visitor characteristics data **including and excluding visitors who stayed on cruise ships while in Hawaii** in banners as determined by the STATE within five (5) working days after receiving notification from the STATE. The final data files, banners, and syntax files used in processing data shall be delivered to the STATE as SPSS files.
8. Submit for STATE approval an electronic delivery on a quarterly, half-year, and year-end basis cumulative weighted expenditure **data including and excluding visitors who stayed on cruise ships while in Hawaii** in banners as determined by the STATE for all expenditure categories by MMA as established by the STATE within five (5) working days after receiving notification from the STATE. Final data files, weighted and unweighted, banners and syntax files used in processing expenditure data shall be delivered to the STATE as SPSS files.

II. Additional Deliverables and Conditions. The CONTRACTOR shall:

1. Provide to the STATE four (4) special runs of data, other than those described herein with criteria and times to be determined by the STATE at no additional cost to the STATE.

2. Any additional special runs requested by the STATE shall be authorized by the STATE through the issuance of a purchase order and shall be funded independently.
3. Provide the STATE with a Documentation Manual which shall detail the methodologies used in data collection, editing, coding, processing, and reporting in accordance with the Contract. The Documentation Manual for calendar year 2007 shall be provided for STATE review and approval by April 30, 2008.
4. Provide for STATE review and approval, the 2008 Documentation Manual detailing all agreed upon changes by April 30, 2009.
5. Provide occasional modification, enhancements, or adjustments to banners and tabulation specifications, as determined by the STATE.
6. The STATE shall be sole owner of all survey results and materials related to this project. Survey results may not be shared with any individuals or companies without STATE consent or approval.

C. TIME SCHEDULE

1. The CONTRACTOR shall complete all preliminary tasks within forty-five (45) days from the effective date of the Contract for STATE review and comments. Perform any other services as necessary according to STATE specifications to ensure that scanner/data entry procedure and all programming and data processing methodologies are ready in time for the 2007 survey period which starts on January 1, 2007 and for the 2008 survey period which begins January 1, 2008.
2. All services for calendar year 2007 shall be completed by April 30, 2008 unless extended per mutual written agreement. All services for calendar year 2008 shall be completed by April 30, 2009 unless extended per mutual written agreement.

Unless sooner terminated as provided by the specifications and general conditions, the Contract may be extended for a total period of time not to exceed six (6) months. However, the initial extension shall not exceed three (3) months with one additional extension allowable that shall not exceed three (3) months. The CONTRACTOR shall submit any extension request in writing for STATE approval a minimum of sixty (60) calendar days prior to the termination of the Contract. Said request shall provide detailed reasons for the delay in and steps to be taken to ensure the timely completion of the project. If the STATE approves the extension request, a supplemental agreement shall be executed by both parties in accordance with the Attorney General's General Conditions. The

CONTRACTOR shall not be entitled to any additional compensation to complete the work described in the Contract.

3. All proposals shall submit a time schedule in accordance with instructions contained in the section entitled "Proposal Requirements."

D. COMPENSATION

1. Award shall be made on a firm, fixed fee.
2. Proposals shall be priced and shall include a budget in accordance with the section entitled "Proposal Requirements." The overall budget shall consist of a separate budget for calendar year 2007 and calendar year 2008 with corresponding totals for each year. In addition, the combined amount of these two budgets shall be shown as the total amount proposed for this project.
3. Payments shall be made to Awardee upon submission of an original invoice and in accordance with predetermined progress payments contingent on STATE's approval of specified deliverables.
4. The Awardee shall be required to obtain a current tax clearance from the State of Hawaii Department of Taxation and the Internal Revenue Service prior to entering into a contract with the STATE and again to receive final payment.

STATE OF HAWAII
RESEARCH AND ECONOMIC ANALYSIS DIVISION

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

EVALUATION CRITERIA

**EVALUATION CRITERIA –
NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

A. MINIMUM CRITERIA FOR PROPOSAL RESPONSIVENESS

1. Unfavorable references may be justification for rejection of a proposal.
2. The STATE reserves the right to use whatever resources are available to the STATE to seek additional references in addition to those submitted in the proposal.
3. Submitting incomplete proposal documents or failure to sign the proposal documents may be justification for rejection of a proposal.
4. Failure to respond or comply with the specifications provided in the Solicitation or the requirements provided by statutes or law may be justification for rejection of a proposal.

B. PROPOSAL EVALUATION CRITERIA

An evaluation committee shall be appointed by the Director of DBEDT. The committee shall evaluate responsive proposals in accordance with the section entitled "Proposal Requirements" and based on the following general criteria:

<u>Criteria</u>		<u>Total Possible Points</u>
1.	Qualifications/Experience	
	a. Related Experience.	40
	b. Ability to undertake this project.	20
2.	Proposal	
	a. Data processing capabilities.	40
	b. Reasonableness of proposed time schedule.	20
3.	Price	
	a. Price ranking adjusted by preferences. (See Special Provisions).	10
	b. Reasonableness of proposed budget.	20

TOTAL POSSIBLE: 150 POINTS

STATE OF HAWAII
RESEARCH AND ECONOMIC ANALYSIS DIVISION

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

SPECIAL PROVISIONS

**SPECIAL PROVISIONS –
NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

A. PREFERENCES

The following preferences shall apply to this solicitation. The evaluated price shall be based on application of these preferences in the order specified below:

1. In-State Contractor. Preference shall be given to offerors within the State of Hawaii. Whenever an offeror selects and qualifies for an in-state contractor preference, all prices from offerors who do not select or qualify under the in-state contractor preference shall be increased by 5% for evaluation purposes. Offerors claiming this preference shall submit a tax clearance certified from the State of Hawaii, Department of Taxation with their proposal and must indicate a State of Hawaii business address.
2. All printing not done in the State of Hawaii shall be given a 15% increase in price. Interested offerors shall submit a list of printing companies they are planning to use for the printing of the survey questionnaire forms.
3. Tax adjustment for out-of-state and tax exempt bidders. Where the offeror is an out-of-state vendor not doing business in the State or is a person exempted from paying the applicable general excise tax, the proposal price, for the purpose of determining the lowest price offer, shall be increased by the applicable retail rate of general excise tax and the applicable use tax.
4. Reciprocal Preference. Resident offerors of the State of Hawaii may be given a reciprocal preference equal to the preference that an out-of-state offeror would be given in their own state. If the out-of-state offeror's state has a preference comparable to a Hawaii preference, the reciprocal preference shall be equal to the amount the out-of-state preference exceeds the Hawaii preference.

B. PROPOSALS MUST BE PRICED.

C. BONDS: Bid, performance, and payment bonds are not required for this solicitation.

D. GENERAL TERMS AND CONDITIONS (GTC)

1. GTC, dated 4/15/96, included by reference, and copies are available at the DBEDT, Administrative Services Office/Contracts Office on Oahu and on the Internet at www.hawaii.gov/dbedt/info/bidfiles, Goods and Services.
2. Section 2.9 and 2.12 of the general terms and conditions which apply specifically to the invitation to bid method of selection are not applicable to this solicitation.

E. SPECIAL CONDITIONS:

1. All work must comply with all applicable State, County, and Federal regulations, codes, and guidelines.
2. All work and products developed shall conform with all applicable City and County, State and Federal rules and regulations.
3. The OFFEROR must assure and be responsible for the continuity of service activities in the event of staff illness, medical emergencies, vacancies, or other situations that result in program resources that are less than proposed and contracted for. The Offeror must not require nor depend on the state agency's staff to provide services activities in the event that program resources are not available due to the above situations.
4. When a disagreement arises between the Offeror and DBEDT in regards to the performance of specific service requirements within contract specifications, the wishes of DBEDT shall prevail. Failure on the part of the Offeror to comply shall be deemed cause for corrective action and subject to contractual remedies.
5. DBEDT reserves the right to reduce, amend, or expand the "Scope of Work."

F. REQUIRED REVIEW:

Prospective OFFEROR shall carefully review this solicitation. Comments and questions shall be made in writing and submitted by the Deadline for Written Questions date indicated in the Significant Date section of the RFP. This shall allow issuance of any necessary amendments to the RFP.

G. CANCELLATION OF RFP AND PROPOSAL REJECTION:

The STATE reserves the right to cancel this RFP and to reject any and all proposals in whole or in part when it is determined to be in the best interest of the STATE, as provided in Section 3-122-95 through 3-122-97, HAR.

H. PROPOSAL OPENING:

Proposals shall not be opened publicly, but shall be opened in the presence of two or more procurement officials. Offerors' proposals shall be open to public inspection upon posting of the award.

All proposals and other material submitted by Offerors become the property of the STATE and may be returned only at the STATE's option.

I. CONTRACTOR'S REQUIREMENTS

1. HRS Chapter 237 tax clearance requirement for award and final payment. Instructions are as follows:

The Awardee(s) shall be required to obtain a current tax clearance from the State of Hawaii Department of Taxation and the Internal Revenue Service prior to entering into a contract with the STATE and again to receive final payment.

It is recommended that the "Tax Clearance Application," Form A-6, attached, be mailed to a DOTAX district office as soon as possible, as the process may take 21 calendar days before you receive a tax clearance. We also recommend that extra-certified copies be requested, if responding to several competitive solicitations. Extra-certified copies may be requested by writing or typing the number of copies next to the check box 3.c. on the application form. Offerors who repeatedly submit bids or proposals for State or county contracts should file frequently for a tax clearance.

Pursuant to §103D-328, HRS, successful Offeror shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp, and shall be valid for six (6) months from the most recent approval stamp date on the certificate. It must be valid on the date it is received by the purchasing agency.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX *TAX CLEARANCE APPLICATION* Form A-6 (Rev. 2003) which is available at the DOTAX and IRS offices in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms & Information): <http://www.state.hi.us/tax/alphalist.html#a>
DOTAX Forms by Fax/Mail: (808) 587-7572
1-800-222-7572

Completed tax clearance applications may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch, to the address listed on the application. Facsimile numbers are:

DOTAX:	(808) 587-1488
IRS:	(808) 539-1573

The application for the clearance is the responsibility of the Offeror, and must be submitted directly to the DOTAX or IRS and not to the purchasing agency. However the tax clearance certificate shall be submitted to the purchasing agency.

2. HRS Chapters 383 (Unemployment Insurance), 386 (Workers' Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) requirements for award. Instructions are as follows:

Pursuant to §103D-310(c), HRS, successful Offeror shall be required to submit an approved certificate of compliance issued by the Hawaii State Department of Labor and Industrial Relations (DLIR). The certificate is valid for six (6) months from the date of issue and must be valid on the date it is received by the purchasing agency. A photocopy of the certificate is acceptable to the purchasing agency.

The certificate of compliance shall be obtained on the State of Hawaii, DLIR *APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR*, Form LIR#27 which is available at www.dlir.state.hi.us/formsall.shtml. The DLIR will return the form to the Offeror who in turn shall submit it to the purchasing agency. The application for the certificate is the responsibility of the Offeror, and must be submitted directly to the DLIR and not to the purchasing agency. However, the certificate shall be submitted to the purchasing agency.

3. Compliance with Section 103D-310(c)(1) and (2), HRS. Pursuant to section 3-122-112, HAR, the Offeror shall be required to submit a CERTIFICATE OF GOOD STANDING (Certificate) issued by the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division (BREG). The Certificate is valid for six months from date of issue and must be valid on the date it is received by the purchasing agency. A photocopy of the certificate is acceptable to the purchasing agency.

Hawaii business. A business entity referred to as a "Hawaii business", is registered and incorporated or organized under the laws of the State of Hawaii.

Compliant non-Hawaii business. A business entity referred to as a "compliant non-Hawaii business," is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State.

To obtain the Certificate, the Offeror must first be registered with BREG. A sole proprietorship, however, is not required to register with the BREG, and therefore not required to submit the certificate. Other entities may also not be required to register with BREG and it is the responsibility of the Offeror to ascertain whether registration is required.

Online business registration and the Certificate are available at www.BusinessRegistrations.com. To register or to obtain a "Certificate of Good Standing" by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). Offerors are advised that there are costs associated with registering and obtaining the Certificate.

4. **Timely Submission of all Certificates.** The above certificates should be applied for and submitted to the purchasing agency as soon as possible. If a valid certificate is not submitted on a timely basis for award of a contract, an offer otherwise responsive and responsible may not receive the award.
5. **Final Payment Requirements.** The CONTRACTOR is required to submit a tax clearance certificate for final payment on the contract. A tax clearance certificate, not over two months old, with an original green certified copy stamp, must accompany the invoice for final payment on the contract.

In addition to a tax clearance certificate an original "Certification of Compliance for Final Payment" (SPO Form-22), attached, Exhibit E, will be required for final payment. A copy of the Form is also available at www.spo.hawaii.gov. Select "Forms for Vendors/Contractors" from the Procurement of Goods, Services and Construction - Chapter 103D, HRS, menu.

J. EVALUATION OF PROPOSAL AND METHOD OF AWARD:

The Procurement Officer, or an evaluation committee of at least three (3) State employees selected by the Procurement Officer shall evaluate the proposals. The evaluation will be based solely on the evaluation criteria set out in this RFP.

Proposals shall be classified initially as acceptable, potentially acceptable, or unacceptable. Discussions may be conducted with priority listed Offerors who submit proposals determined to be acceptable or potentially acceptable of being selected for award, but proposals may be accepted without such discussions.

If during discussions there is a need for any substantial clarification or change in the RFP, the RFP shall be amended by an addendum to incorporate such clarification or change. Addenda to the RFP shall be distributed only to priority listed Offerors. These Offerors shall be permitted to submit new proposals or to amend those submitted.

The date and time for Offerors to submit their best and final offers, if necessary, will be determined and made known. If Offeror does not submit a notice of withdrawal or another best and final offer, the Offeror's immediate previous offer will be considered as their best and final offer.

The STATE's acceptance of offer if any, will be made within ninety (90) calendar days after opening of proposals. Unless extended by mutual agreement, the Offeror's proposal shall remain firm for the ninety (90) day period.

K. AUTHORITY

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103D and Subchapter 3-122, HAR. All Offerors are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any Offeror shall constitute admission of such knowledge on the part of such Offeror.

L. PROPOSAL AS PART OF THE CONTRACT

Part or all of this RFP and the successful proposal may be incorporated into the contract.

M. ADDITIONS, AMENDMENTS AND CLARIFICATION TO THE GENERAL TERMS AND CONDITIONS (GTC)

Additions to the GTC:

Approvals. Any agreement arising out of this offer shall be subject to the approval of the Department of the Attorney General as to form, and is subject to all further approvals, including the approval of the Governor, required by statute, regulations, rule, order, or other directive.

Cancellation of Solicitations and Rejection of Offers. The solicitation may be cancelled or the offers may be rejected, in whole or in part, when in the best interest of the purchasing agency, as provided in Section 3-122-95 through 3-122-97, HAR.

Confidentiality of Material. All materials given to or made available to the CONTRACTOR by virtue of this contract, which is identified as proprietary, will be safeguarded by the CONTRACTOR and shall not be disclosed to any individual or organization without the prior written approval of the STATE.

All information, data, or other material provided by the Offeror or CONTRACTOR to the STATE shall be subject to the Uniform Information Practices Act, Chapter 92F, HRS. The Offeror shall designate in writing to the Procurement Officer those portions of its unpriced offer or any subsequent submittal that are trade secrets or other proprietary data that the Offeror desires to remain confidential, subject to Section 3-122-58, HAR, in the case of an RFP, or Section 3-122-30, HAR, in the case of an IFB. The Offeror shall submit the material designated as confidential in such manner that the material is readily separable from the offer in order to facilitate inspection of the non-confidential portion of the offer.

Price is not confidential and will not be withheld. In addition, in the case of an IFB, makes and models, catalogue numbers of items offered, delivery, and terms of payment shall be publicly available at the time of opening regardless of any designation to the

contrary.

If a request is made to inspect the confidential, or proprietary material, the inspection shall be subject to written determination by the Office of the Attorney General in accordance with Chapter 92F, HRS. If it is determined that the material designated as confidential is subject to disclosure, the material shall be open to public inspection, unless the Offeror protests under Chapter 3-126, HAR. If the request to inspect the confidential or proprietary material is denied, the decision may be appealed to the Office of Information Practices in accordance with Section 92F-15.5, HRS.

Nondiscrimination. No person performing work under the Contract, including any subcontractor, employee, or agency of the CONTRACTOR, shall engage in any discrimination that is prohibited by any applicable federal, state or county law.

Records Retention. The CONTRACTOR and any subcontractors shall maintain the books and records that relate to the Contract and any cost or pricing data for three (3) years from the date of final payment under the Contract.

Amendments to the GTC:

Subsection 2.1 Competency of Offeror. Paragraph one is rescinded and replaced with the following:

“Prospective Offeror must be capable of performing the work for which offers are being called. Either before or after the deadline for an offer, the purchasing agency may require Offeror to submit answers to questions regarding facilities, equipment, experience, personnel, financial status or any other factors relating to the ability of the Offeror to furnish satisfactorily the goods or services being solicited by the STATE. Any such inquiries shall be made and replied to in writing; replies shall be submitted over the signatures of the person who signs the offer. Any Offeror who refuses to answer such inquiries will be considered non-responsive.”

Subsection 2.5 Preparation of Offer. Paragraph four is rescinded and replaced with the following:

“An Offeror may submit only one offer in response to a solicitation. If an Offeror submits more than one offer in response to a solicitation, then all such offers shall be rejected. Similarly, an Offeror may submit only one offer for each line item (if any) of a solicitation. If an Offeror submits more than one offer per line item, then all offers for that line item shall be rejected.”

Clarifications to the GTC:

Subsection 2.7 Certification of Offeror concerning Wages, Hours and Working Conditions of Employees Supplying Services. Section 103-55, HRS, amended by Act 149, SLH 1999, now applies to service contracts in excess of \$25,000 and also excludes professional personnel.

GTCs Not Applicable. Subsections 2.10 and 2.14 of the GTC that apply specifically to the RFP method of source selection are not applicable to IFBs. Also subsections 2.9 and 2.12 that apply specifically to the IFB method of source selection are not applicable to RFPs.

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

PROPOSAL REQUIREMENTS

**PROPOSAL REQUIREMENTS –FOR OFFERORS SUBMITTING A PROPOSAL FOR
NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

A. SUBMISSION REQUIREMENTS – Failure to comply with any of these requirements may be grounds for rejection of the proposal.

1. Offeror is requested to submit its Offeror's exact legal name as registered with the Department of Commerce and Consumer Affairs (DCCA), if applicable, and to indicate its exact legal name in the appropriate space on Offer Form OF-1, Exhibit A. Failure to do so may delay proper execution of the contract.

The authorized signature on the first page of the Offer Form shall be an original signature in ink. If unsigned or the affixed signature is a facsimile or a photocopy, the offer shall automatically be rejected unless accompanied by other material, containing an original signature, indicating the Offeror's intent to be bound.

Hawaii business. A business entity referred to as "Hawaii business" is registered and incorporated or organized under the laws of the State of Hawaii.

Compliant non-Hawaii business. A business entity referred to as a "compliant non-Hawaii business" is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State.

2. The Original plus five (5) copies (total – six (6) copies) of the proposal shall be submitted in a sealed envelope to:
DBEDT, State of Hawaii
Administrative Services Office/Contracts
No. 1 Capitol District
250 So. Hotel St., 5th Floor, Room 504
Honolulu, HI 96813
3. The original proposal shall be clearly marked "ORIGINAL" on the upper right hand corner of the cover page and have original signature, and copies shall be clearly marked "COPY." If possible, blue ink is preferred. It is imperative that the Offerors submit only one original and the required number of copies. DO NOT SUBMIT MORE THAN ONE ORIGINAL. The State will not provide any reimbursement for the cost of developing, submitting, or evaluating any proposals in response to the RFP.

Offerors are encouraged to submit typewritten offers. If handwritten, it should be clearly printed. Offeror is cautioned that illegible offers of any item(s) may be automatically rejected to avoid any errors in interpretation by the reviewers during the evaluation process.

Costs for developing the proposal are solely the responsibility of the Offeror, whether or not any award results from this solicitation. The State of Hawaii will not reimburse such costs.

4. "Solicitation No. RFP-07-02-READ" shall be referenced on the outside of the sealed proposals. Facsimiles shall not be accepted.
5. **The Administrative Services Office/Contracts must receive sealed proposals no later than the date indicated in the Significant Dates section of the RFP. Proposals shall be timed-stamped with the Administrative Services Office/Contracts time clock upon receipt. Late proposals shall not be accepted. The Administrative Services Office/Contracts' time clock shall serve as the official time.**
6. Offerors are cautioned to make prior arrangements to ensure delivery by 11:00 a.m.. on the proposal due date. Offers received after the deadline shall be returned unopened.
7. Offerors are to complete and submit the section entitled "Proposal."

B. OFFEROR'S COVENANTS AND QUALIFICATIONS

1. Proposals shall include completed proposal pages in the section entitled "Proposal". Remove, complete, and submit the appropriate number of copies of the entire section entitled, "Proposal."
2. The proposal must be signed by an authorized representative and a corporate resolution or evidence of authorization to bind must be attached.
3. **PLEASE NOTE: The name of the organization filing the proposal must match the name which is either legally registered with the Hawaii DCCA for Hawaii corporations, partnerships, or trade names; or the Department of Taxation for sole proprietors who do not have registered trade names with the DCCA. An out-of-state organization must be legally registered with its appropriate state. Should the proposal include more than one entity or should the offeror anticipate work to be performed through subcontracts, please list all entities or subcontractors and their respective roles in the project.**

C. PROJECT PROPOSAL

The project proposal shall include, but not be limited to:

1. Scope of Work.
 - a. A detailed plan to effectively carry out the tasks described in the "Statement of Work," paragraph B, "Scope of Work," pages 10-21.
2. Time Schedule.
 - a. The CONTRACTOR shall complete all preliminary tasks within forty-five (45) days from the effective date of the Contract for STATE review and comments. Perform any other services as necessary according to STATE specifications to ensure that scanner/data entry procedure and all programming and data processing methodologies are ready in time for the 2007 survey period which starts on January 1, 2007 and for the 2008 survey period which begins January 1, 2008.
 - b. All services for calendar year 2007 shall be completed by April 30, 2008 unless extended per mutual written agreement. All services for calendar year 2008 shall be completed by April 30, 2009 unless extended per mutual written agreement.
 - c. All proposals shall submit a time schedule in accordance with instructions contained in the section entitled "Proposal Requirements."
3. Compensation.
 - a. The Contractor shall be required to obtain a current tax clearance from the State of Hawaii, Department of Taxation and the Internal Revenue Service prior to entering into a contract with the State and again to receive final payment. Offerors are encouraged to immediately apply for a tax clearance, and if possible, to submit their tax clearance with their proposal. A tax clearance application is attached. See paragraph I, "Tax Clearance" of the Special Provisions for more detailed information.

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

PROPOSAL

**OFFERORS ARE TO COMPLETE AND SUBMIT THIS SECTION FOR THEIR
PROPOSALS.**

PROPOSAL

NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2007 AND 2008 SOLICITATION No. RFP-07-02-READ

Department of Business, Economic Development and Tourism
Administrative Services Office/Contracts
No. 1 Capitol District, 5th Floor, Room 504
250 So. Hotel Street
Honolulu, HI 96813

The undersigned has carefully read and understands the terms, conditions and requirements specified in the Request for Proposal attached hereto and hereby submits the following proposal to perform the work specified herein, all in accordance with the true intent and meaning thereof.

The undersigned further understands and agrees to the following:

- That by submitting this proposal, the undersigned is declaring that this proposal is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts;
- That by submitting this proposal, the undersigned is declaring that the proposal is being made without collusion with any other person, firm or corporation;
- That the Director of the Department of Business, Economic Development, and Tourism reserves the right to cancel the Request for Proposal at any time and all proposals may be rejected in whole or in part when it is in the best interest of the State;
- That discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award, but a proposal may be accepted without such discussions;
- That the undersigned may be required to submit best and final offers based on discussion;
- That award, if any, will be made on a firm fixed fee basis to the responsive and responsible offeror who has submitted the most advantageous offer in accordance with the evaluation criteria set forth in this Request for Proposal;
- That by submitting this proposal, the undersigned is declaring that if awarded a contract, the undersigned will comply with all requirements for wages, hours and working conditions in accordance with Section 103-55, Hawaii Revised Statutes; and

- That if awarded a contract, the undersigned hereby commits to a minimum of two consultation sessions with the State.

The undersigned acknowledges receipt of any addendum issued by the Department of Business, Economic Development, and Tourism by recording in the space below the date of receipt:

Addendum No. 1 _____ Addendum No. 2 _____

Addendum No. 3 _____ Addendum No. 4 _____

The undersigned hereby certifies that the proposal hereby attached has been carefully checked and is submitted as correct.

Respectfully submitted,

Exact Legal Name of Offeror (company name)

Authorized signature (attach corporate resolution or evidence of authorization to bind)

Title

Date

Street Address

City, STATE, Zip Code

Telephone No.

Mailing Address (if different from street address)

State of Hawaii General Excise Tax (GET) License Number: _____

Federal Taxpayer Identification Number: _____

Type of Organization:

_____ Individual _____ Partnership _____ Corporation _____ Joint Venture

If offeror is a "dba" or a division of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

State of Incorporation: Hawaii _____ Other: _____

PREFERENCES:

The following preferences apply to this solicitation. A detailed discussion of each preference is included in the section entitled, "Special Provisions." Indicate which preferences apply.

1. In-state contractor preference: yes _____ no _____

If yes, indicate State of Hawaii business street address: _____

If yes, attach current (issued within 45 days of bid submittal) tax clearance from the State of Hawaii Department of Taxation.

(Note: The bidder may wish to also obtain tax clearance from the Internal Revenue Service at the same time in order to fulfill this requirement if awarded a contract)

2. Tax Adjustments:

Are you an out-of-state business? yes _____ no _____

Is your organization tax exempt? yes _____ no _____

3. Reciprocal Preferences:

List your principal place of Business:

Street address, City, State, Zip Code

Are you registered with the State of Hawaii, Department of Commerce and Consumer Affairs to do business in the State of Hawaii? yes _____ no _____

QUALIFICATION QUESTIONNAIRE

1. How many years has your organization been in business under your present business name?

2. How many years experience in this field of work has your organization had?

3. Show what projects your organization has completed in the past five (5) years that are related to this project:

Name and Address of Project Owner	Description	Contract Amount	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have you ever failed to complete any work awarded to you?

If so, please provide a brief description, including when and where it took place and why work was not completed.

5. Has any officer or partner of your organization in the past five (5) years been an officer, partner or individual of some other organization that failed to complete a contract?

If so, state name of individual, other organization and reason therefore:

6. For what entities within the State of Hawaii other than government agencies have you performed work and to whom do you refer?

Agency	Project Description	Contact Person	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. For what State departments and county agencies of the State of Hawaii have you performed work and to whom do you refer?

Department	Project Description	Contact Person	Phone

8. Have you performed work for the U.S. Government? _____
If so, list and to whom do you refer?

Agency	Project Description	Contact Person	Phone

9. Have you ever performed any work for any other governmental agencies outside the State of Hawaii?

If so, list and to whom do you refer?

Agency	Project Description	Contact Person	Phone

10. List a minimum of three references for work performed similar to this project.

Company	Project Description	Contact Person	Phone

11. What is the professional or project experience of the principal individuals being assigned to this project?

Individual's Name	Position or Title	Years Experience	Type of Work

CORPORATE RESOLUTION

Attach here:

1. Corporate resolution or written authorization of offeror's representative to sign this proposal here.

Department of Business, Economic Development, and Tourism
Administrative Services Office / Contracts
No. 1 Capitol District
250 So. Hotel Street, 5th Floor, Room 504
Honolulu, Hawaii 96813

Dear Ms. Eileen Harada:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, Form 4/15/96, by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents that it is: (Check ☒ one only)

- ☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**
☐ A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, is or shall be registered at the State of Hawaii, Department of Commerce and Consumer Affairs Business Registration Division (DCCA-BREG) to do business in the State of Hawaii.

State of incorporation: _____

Offeror is:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

Federal I.D. No.: _____

Hawaii General Excise Tax License I.D. No.: _____

Payment address (other than street address below): _____

City, State, Zip Code: _____

Business address (street address): _____

City, State, Zip Code: _____

Respectfully submitted:

(x) _____

Authorized (Original) Signature

Date: _____

Telephone No.: _____

Name and Title (Please Type or Print)

Fax No.: _____

* _____
Exact Legal Name of Company (Offeror)

E-mail Address: _____

*If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:

OFFER FORM

OF-1

Revised 12/27/04

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

EXHBIT B – TAX CLEARANCE

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT INFORMATION: (PLEASE PRINT CLEARLY)

Applicant's Name _____
Address _____
City/State/Zip Code _____
DBA/Trade Name _____

2. TAX IDENTIFICATION NUMBER(S): (Complete applicable ID numbers)

FEDERAL EMPLOYER ID # _____
(FEIN)
SOCIAL SECURITY #(SSN) _____

3. APPLICANT IS A/AN: (CHECK ONLY ONE BOX)

- ☐ CORPORATION ☐ S CORPORATION ☐ TAX EXEMPT ORGANIZATION
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ ESTATE ☐ TRUST
☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP
☐ Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN _____

4. THE TAX CLEARANCE IS REQUIRED FOR:

- ☐ CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * ☐ LIQUOR LICENSE *
☐ REAL ESTATE LICENSE ☐ CONTRACTOR LICENSE ☐ BULK SALES
☐ FINANCIAL CLOSING ☐ PROGRESS PAYMENT ☐ PERSONAL
☐ HAWAII STATE RESIDENCY ☐ FEDERAL CONTRACT ☐ LOAN
☐ SUBCONTRACT ☐ OTHER _____

* IRS APPROVAL STAMP IS ONLY FOR PURPOSES INDICATED BY ASTERISK.

5. NO. OF CERTIFIED COPIES REQUESTED:

6. SIGNATURE:

PRINT NAME

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

SIGNATURE

DATE

TELEPHONE

FAX

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.
SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII
IF APPLICABLE
/ /

HAWAII RETURNS FILED
IF APPLICABLE
20 20 20

STATE APPROVAL STAMP

*IRS APPROVAL STAMP

CERTIFIED COPY STAMP

7. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** ☐ Bid/Entering Into a Contract ☐ Completion/Final Payment
For completion/final payment of contract, please provide the name and telephone number of the contact person at the State or County Agency.
Name: _____ Telephone Number: _____

8. **LIQUOR LICENSING:** ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
9. **CONTRACTOR LICENSING:** ☐ Initial ☐ Renewal
10. **STATE RESIDENCY:** DATE APPLICANT ARRIVED IN HAWAII _____
11. **ACCOUNTING PERIOD:** ☐ Calendar year ☐ Fiscal year ending _____ (MM/DD)

12. **TAX EXEMPT ORGANIZATION:**
A) Provide the Internal Revenue Code Section that applies to your exemption. _____
B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? ☐ YES ☐ NO
13. **CORPORATION:** Parent's Corporation Name _____ FEIN _____
14. **INDIVIDUAL:** Spouse's Name _____ SSN _____
15. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:**
A) Has your firm had any business income in Hawaii prior to the Bid? ☐ YES ☐ NO
B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO
C) Has your firm provided any services within the State of Hawaii? ☐ YES ☐ NO
16. **FILING THE APPLICATION FOR TAX CLEARANCE:**

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation. Allow up to 10 to 15 business days for processing between the Department of Taxation and the Internal Revenue Service.

State Dept. of Taxation
TAXPAYER SERVICES BRANCH
P.O. BOX 259
HONOLULU, HI 96809-0259
TELEPHONE NO.: 808-587-4242
TOLL FREE: 1-800-222-3229
FAX NO.: 808-587-1488
or
830 PUNCHBOWL STREET, RM 124
HONOLULU, HI 96813-5094

Internal Revenue Service
WAGE & INVESTMENT DIVISION
-TC M/S H214
FIELD ASSISTANCE GROUP 562
300 ALA MOANA BLVD., #50089
HONOLULU, HI 96850
TELEPHONE NO.: 808-539-1555
FAX NO.: 808-539-1573
or
TAXPAYER ASSISTANCE CENTER
HONOLULU:
300 ALA MOANA BLVD., RM 1-128

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms By Fax/Mail request line on Oahu at 808-587-7572 or toll-free at 1-800-222-7572. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website (www.hawaii.gov/tax).

----- FOR OFFICE USE ONLY -----

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR /TOUR VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

EXHBIT C – DLIR APPLICATION



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
**INSTRUCTION SHEET FOR FORM LIR#27 APPLICATION FOR
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

Purpose

The State and County Government Purchasing Offices require vendors to submit a completed copy of this certificate. **Page 1 of this application becomes the Certificate of Approval.** Facsimiles and copies of this approval form are proof of compliance. This certificate applies to the Hawaii Unemployment Insurance, Workers' Compensation, Temporary Disability Insurance, and Prepaid Health Care programs.

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations' (DLIR) web site (www.hawaii.gov/labor). From the DLIR web site, Form LIR#27 is listed under the Unemployment Insurance Division and Disability Compensation Division.

DO NOT SUBMIT THIS PAGE

Approved, Not Applicable, or Pending certificates are valid for 6 months.

Date submitted to the DLIR _____ (for your use)
Allow up to a total of seven (7) business days for processing.

**FILING INSTRUCTIONS FOR THE
APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR
Form LIR#27 (Rev. 10/05)**

SUBMIT (mail, fax, or deliver) completed application only to the Department of Labor and Industrial Relations, Unemployment Insurance Division*.

*Unemployment Insurance Division
830 Punchbowl Street, Room 437
Honolulu, Hawaii 96813
Ph: (808) 586-8926
Fax: (808) 586-8929

INQUIRIES regarding the status of an application submitted seven (7) business days earlier should be directed to the Disability Compensation Division** (Workers' Compensation, Temporary Disability Insurance, and Prepaid Health programs).

**Disability Compensation Division
830 Punchbowl Street, Room 209
Honolulu, Hawaii 96813
Ph: (808) 586-9200
Fax: (808) 586-9206

The Approved, Not Applicable, or Pending certificate of approval will be faxed to the applicant by the Disability Compensation Division. Non-compliant applicants will receive Form LIR#27A instructing the applicant to contact the appropriate program(s).



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
**FORM LIR#27 APPLICATION FOR
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

1. APPLICANT INFORMATION: (Please Type or Print Clearly)

*Applicant's Business Name			
Address	City	State	Zip Code
DBA/Trade Name			

* Business name must be the same name submitted with the applicant's bid or proposal.

2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)

State Department of Labor Unemployment Insurance ID#	Federal Employer ID# (FEIN)
--	-----------------------------

3. EMPLOYERS: If you have a State Department of Labor Unemployment Insurance ID#, please skip question 3 only:

Do you currently have employee(s) working in the State of Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to have employee(s) work in the State of Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

SEE INSTRUCTION SHEET FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request. Unsigned applications will not be processed.

4. SIGNATURE:

Signature	Date	Telephone No. () ()	Fax No. () ()
Print Name		PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor	
Email Address			

NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approval constitutes a certificate of compliance with labor laws based on information available to the Department as of the approval date.

THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.
Facsimiles and copies of this approval form are proof of compliance.

FOR OFFICE USE ONLY		Department of Labor and Industrial Relations Approval Stamp
DLIR Log No.	Date Received	

This certificate is valid for **SIX (6) MONTHS** from the approval date.

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

EXHBIT D – HAWAII ADMINISTRATIVE RULES

resources and expertise available, or the ability to obtain them, in order to meet contractual requirements;

- (3) References for the determination of a satisfactory record of performance;
- (4) References for the determination of a satisfactory record of integrity;
- (5) Legal qualifications to contract with the State; and
- (6) Additional information necessary for a determination of responsibility. [Eff 12/15/95; comp 11/17/97; comp
APR 1 8 2005] (Auth: HRS §§103D-202, 103D-310) (Imp: HRS §103D-310)

S3-122-110 REPEALED. [R 7/25/02]

S3-122-111 Notice of intent to offer. (a) When required by the solicitation, a prospective offeror shall file a written notice of intent to offer, subject to the following:

- (1) The notice shall be received not less than ten days prior to the deadline for receipt of offers.
- (2) The notice may be submitted by facsimile, pursuant to section 3-122-9, and the date of receipt as evidenced by the procurement officer's transaction receiving report, shall determine timeliness of the notice.

(b) A notice of intent to offer may be waived in the case of a single offer when the procurement officer determines that acceptance is in the best interest of the public and the basis for the acceptance is explained in the written determination. [Eff and comp

APR 1 8 2005] (Auth: HRS §§103D-202, 103D-310)
(Imp: HRS §103D-310)

S3-122-112 Responsibility of offerors. (a) The offeror, as proof of compliance with the requirements of section 103D-310(c), HRS, upon award of a contract made pursuant to section 103D-302, 103D-303, 103D-304, 103D-305 or 103D-306, HRS, shall provide:

- (1) A tax clearance certificate from the department of taxation and the Internal Revenue Service, subject to section 103D-328,

HRS, current within six months of issuance date;

- (2) A certificate of compliance for chapters 383, 386, 392, and 393, HRS, from the department of labor and industrial relations, current within six months of issuance date; and
- (3) A certificate of good standing from the business registration division of the department of commerce and consumer affairs, current within six months of issuance date.

(b) In lieu of the above certificates, offeror may make available proof of compliance through a State Procurement Office designated certification process.

(c) For the purpose of this section, a business registered to do business in the State as a separate branch or division means a business that is required to be registered with the department of commerce and consumer affairs.

(d) All state and county procurement officers or agents shall withhold final payment of a contract made pursuant to sections 103D-302, 103D-303, 103D-304, or 103D-306, and shall not apply to any contract of less than \$25,000 or any contract entered into pursuant to section 103D-305 or 103D-307, until receipt of:

- (1) A tax clearance certificate from the director of taxation and the Internal Revenue Service, subject to section 103D-328, HRS, current within two months of issuance date; and a certification from the contractor affirming that the contractor has, as applicable, remained in compliance with all laws as required by this section. A contractor making a false affirmation shall be suspended and may be debarred pursuant to section 103D-702, HRS; or
- (2) Proof of compliance as provided in subsection (b).

(e) This section shall not apply to any contract to the extent it jeopardizes federal funding. [Eff and comp APR 18 2005] (Auth: HRS §§103D-202, 103D-310) (Imp: HRS §103D-310)

§§3-122-113 to 3-122-115 (Reserved).

SUBCHAPTER 14

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

**EXHBIT E – 2005 NEIGHBOR ISLAND VISITORS' BASIC CHARACTERISTICS AND
EXPENDITURE SURVEY DOCUMENTATION**

Neighbor Island Departure Survey 2005

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NEIGHBOR ISLAND DEPARTURE SURVEYS

The neighbor island departure program consists of surveys done at Kona, Hilo, Kahului, Molokai, Lanai, and Lihue airports. The survey form asks about airline passengers' purpose of trip, expenditures, etc on the island they were departing from.

Survey Instruments

The Neighbor Island Departure survey instrument incorporates the same questions as the Domestic Arrival Basic Data in-flight survey instrument and the International Departure survey instrument. It consists of counts and characteristics of visitors departing each airport each month. The basic design of the Neighbor Island Departure survey is similar to the design of the Neighbor Island survey.

There are **2** different versions of the survey instrument:

- **Japanese** language departure survey
- **English** language departure survey

Data Collection

Trained, supervised and properly attired interviewers arrive to specified intercept locations inside and outside departure gates as per schedule. They distribute forms in the appropriate language, one per party, explaining the nature of the survey and what is expected of respondents. They collect completed forms from each respondent, field edit the forms and re-ask respondents to complete key areas should initial responses be incomplete. All interviewers record counts of completed and attempted interviews on every shift.

The monthly fielding schedule is designed based on the number and pattern of flights departing each airport. Scheduling is the process of selecting a sample of shifts to be covered. A sampling frame consisting of all scheduled flights departing during the month is constructed. Shifts are stratified by day, shift, geography (destination city), carrier, and scheduled departure time. Shifts that occur on Federal holidays are rescheduled. The detailed shift schedule is then selected at random from the total list of shifts for the month.

A Detailed Fielding Schedule accompanies the Fielding Schedule each month. Instead of requiring interviewers to cover specific flights, they are asked to cover all flights departing in the time period that they are scheduled. When there are two or more flights that depart at the same time, they are to cover the type of flight that has

the highest priority for their shift. For instance, there are basically 3 main groups of flights departing from most airports: Aloha Airlines flights, Hawaiian Airlines flights, and Mainland flights. Each of these three groups is randomly selected as the priority for a given shift. The interviewer will always cover the highest priority for a shift, and if there are no flights for that particular type of flight in a given time period, they then cover the other types of flights that are there. This way of scheduling has many benefits: it increases the number of flights covered, it increases productivity, and it is easy to put together and understand.

The target number of surveys collected at each airport are as follows:

Airport	Monthly Sample	Yearly Sample
Maui	1,400	16,800
Molokai	250	3,000
Lanai	150	1,800
Hilo	400	4,800
Kona	900	10,800
Kauai	900	10,800
Total	4,000	48,000

Departure surveys are conducted in the public lobby areas in front of the airport gates and the waiting areas fronting the airport shops. The forms are self administered under the supervision of the interviewer. After the shift is completed, interviewers call their results into their supervisor by phone and summarize their work for the day and mail in materials daily to the supervisor. The supervisor delivers completed forms to the data processing department and daily shift statistics to the project manager.

Survey forms are edited and coded when received, except weekends and Federal holidays. The procedure occurs in two steps:

- Incoming forms are first separated by language then counted by shift type. The count may differ from the fielding count due to unreadable, obviously falsified, or incomplete forms. Counts are recorded in the Management System.
- Forms are distributed to foreign language editors. Editing includes checking characteristics data for internal consistency. Coding translation is applied to the hotel name, the airline name, the "other country" code, packaged tour and trip package names or tour company names, and other marginal

comments. Marginal comments are particularly important with reference to the expenditures sections of the survey instrument.

Data Processing

Data Entry & File Merger

The Departure Survey data are scanned and verified using TELEform software and three high-speed scanners.

- **Scanner** – Three high-speed scanners are employed; Canon DR-9080-C, Panasonic KV-S2055 and Panasonic KV-2065 are used for International Departure Surveys in Japanese and English. The scanner increases accuracy and efficiency.

All surveys are edited either before or on entry. Editing consists of checking airline and accommodations codes. Then Japanese and English surveys are sent to the scanner. The scanned survey is verified entirely using Teleform 8.2.

Data Cleaning

Additional checks for inconsistencies and mis-keyed information are done once the files are transferred to the analyst. Dubious information is identified and if needed, the original survey forms are re-examined to correct the errors.

Variables in the Neighbor Island BDS processing

Q1 Party Size

Q2 Type of Traveler

- 1 Visitor to Hawaii
- 2 Resident from other island
- 3 Resident out-of-island trip
- 4 Resident moving to another island/state/country

Q3 Trip Status

- 1 Transit
- 2 Day trip
- 3 Overnight trip

Q2A Resident nights away

Q4_OAHU Nights on Oahu

Q4_MAUI Nights on Maui

Q4_KAU Nights on Kauai

Q4_MOLO Nights on Molokai

Q4_LAN Nights on Lanai

Q4_KONA Nights in Kona

Q4_HILO Nights in Hilo

Q4_TOT Total Nights

Q5 Number of trips to this island

- 1 1st time
- 2 2nd
- 3 3rd
- 4 4th
- 5 5th
- 6 6th to 10th
- 7 More than 10

POE Port of Entry

- 1 Honolulu International Airport
- 2 Kona International Airport
- 3 Maui Airport
- 4 Kauai Airport
- 5 Other (please specify)

OTHERPOE Other Port of Entry

Q6 Organized Group

- 0 Not given
- 1 Yes
- 2 No

Q7 Pre-paid Trip Package

- 0 Not given
- 1 Yes
- 2 No

Q8 Accommodations

Q8_1 Hotel

Q8_2 Condo

Q8_3 Rental House

Q8_4 Timeshare

Q8_5 B&B

Q8_50 Other Accommodations

Q8_6 Cruise Ship
 Q8_7 Friends and Relatives
 Q8_8 Hostel
 Q8_9 Campground
 Q8OTH Other Accommodation (Text)
 HTLCODE Hotel Code
 Q9 Purpose of Trip
 Q9_1 To Get Married
 Q9_2 Honeymoon
 Q9_3 Pleasure/Vacation
 Q9_4 Convention/Conference
 Q9_5 Corporate meeting
 Q9_6 Incentive trip
 Q9_7 Other Business
 Q9_8 Visiting friends or relatives
 Q9_9 Government or military business
 Q9_10 To attend school
 Q9_11 Sporting events
 Q9_50 Other
 Q9OTH Other (Text)

Q10 Age of Party Head

- 1 12 or Under
- 2 13 to 17
- 3 18 to 24
- 4 25 to 40
- 5 41 to 59
- 6 60 or older

Q11 Gender of Party Head

- 1 Male
- 2 Female

Q12M1 Number of Party Members, Male ages 0-12

Q12M2 Number of Party Members, Male ages 13-17

Q12M3 Number of Party Members, Male ages 18-24

Q12M4 Number of Party Members, Male ages 25-40

Q12M5 Number of Party Members, Male ages 41-59

Q12M6 Number of Party Members, Male ages 60 or older

Q12M7 Number of Party Members, Total Males

Q12F1 Number of Party Members, Female ages 0-12

Q12F2 Number of Party Members, Female ages 13-17

Q12F3 Number of Party Members, Female ages 18-24

Q12F4 Number of Party Members, Female ages 25-40

Q12F5 Number of Party Members, Female ages 41-59

Q12F6 Number of Party Members, Female ages 60 or older

Q12F7 Number of Party Members, Total Females

- Q13 Country
- 1 U.S.A.
 - 2 Argentina
 - 3 Australia
 - 4 Brazil
 - 5 Canada
 - 6 China (PRC)
 - 7 France
 - 8 Germany
 - 9 Hong Kong
 - 10 Italy
 - 11 Japan
 - 12 Korea
 - 13 Mexico
 - 14 New Zealand
 - 15 Singapore
 - 16 Switzerland
 - 17 Taiwan
 - 18 United Kingdom
 - 19 Other (please specify)

Q13USZIP US Zipcode

Q13CANZI Canadian Postal Code

Q13JAPZI Japan Postal Code

OTHERCOU Other Country

FLIGHTNO Flight Number

AIRLINE Airline

Q15C Date

Weighting

The data are first weighted (adjusted to reflect value or proportion) to account for party size.

Tabulation & Reports

Reporting is a tabulation of the variables (frequencies and means). However some additional calculations and assumptions are made in order to produce the desired reporting variables.

Reports

The following visitor characteristics are reported on a monthly and annual basis: Visitor Counts and Days, Island Visited, Accommodations, Purpose of Trip, and Travel Status. A report is prepared for Domestic Visitors, International Visitors and Total Visitors. Additional tabulations are also prepared for MMA of U.S. East, U.S. West, Japan, and Canada.

Disposal of Materials

All ***hard-copy materials*** are kept in storage. SMS keeps on its premises all the forms. Once the year-end processing is completed SMS is to dispose of the materials in a secured manner by shredding.

Neighbor Island Departure Expenditures 2005

The processing for International Oahu and Neighbor Island departure expenditures are almost identical.

Form

The expenditure questions are on the back of the departure forms used to collect Neighbor Island visitor characteristic data. See Appendix for samples of the form.

There are additional variables from the expenditure side of the form that are not described in the BDS documentation.

List of variables:

Q14 Trip Package
 1 Yes
 2 No

Q14A Amount of Trip Package Price

Q14B Number of Nights Covered in Trip Package

Q14C Number of People Covered in Trip Package

Q14D Trip Package Includes

Q14D_1 Airfare (to and from Hawaii)

Q14D_10 Other

Q14BOTH Other Included in Package (text)

Q14D_2 Airfare (Inter island)

Q14D_3 Inter-island cruise

Q14D_4 Trip to another island/state/country

Q14D_5 Rental Car

Q14D_6 Breakfast

Q14D_7 Lunch/Dinner

Q14D_8 Lodging

Q14D_9 Tours/Attractions

Q14E Name of Package

Q14F Island only Package?

1 One island Only

2 Multiple Islands

Q15A Arrive on this island on transpacific flight or inter-island

1 Transpacific flight

2 Inter-island flight

Q15B_1 Transpacific airfare (round-trip)

Q15B_2 Inter-island airfare (one-way)

FLIGHTNO Flight Number

AIRLINE Airline

Q15C Date

Q16PS Shopping Party Size

Q16A Total lodging (Original)

Q16B Total food & beverage (Original)

Q16B1 Food at restaurants (Original)

Q16B2 Dinner shows (Original)

Q16B3 Groceries (Original)

Q16C Total entertainment (Original)

Q16C1 Attractions/ Entertainment (Original)

Q16C2 Recreation (Original)

Q16C3 Other entertainment & tours (Original)

Q16D Total transportation (Original)

Q16D1 Ground transportation (Original)

Q16D2 Rental vehicles (Original)

Q16D3 Other transportation (Original)

Q16E Total shopping (Original)

Q16E1 Fashion and clothing (Original)

Q16E2 Jewelry / watch (Original)

Q16E3 Cosmetics/perfumes (Original)

Q16E4 Leather goods (Original)

Q16E5 Hawaii food products (Original)

Q16E6 Souvenirs (Original)

Q16F All other (Original)

Q16G Total sum (Original)

Q16GANEW All Other (text)

LANG Language
1.00 English
2.00 Japanese

In addition, on the Japanese form, each expenditure item has a "dollar or manyen" variable that the respondent can use to indicate if they were answering in dollars or manyen.

Processing

There are several programs that are run sequentially on the data to compute expenditures.

1. MMA syntax

Because the expenditures are run on a raw data file, the first thing needed is to determine where each party is from. The MMA syntax from the BDS is run to give this.

2. Main processing syntax

The main processing syntax computes the non-package expenditures.

The use of exchange rates, hotel room rates, and airfare rates are different from those of previous years. Instead of hard-coding the rates in syntax, they are entered into a SPSS .sav file and then matched to each record accordingly, based on country, and for hotel room rates, class of hotel. The exchange rates, room rates, and airfare rates are maintained by DBEDT and updated every month.

There are 2 exchange rates for each case: one is the exchange rate for the current month, and the other is lagged 2 months. The lagged exchange rate is used for converting package prices into US dollars. It is assumed that on the average, visitors purchase their packages 2 months in advance.

The current exchange rate is used if the visitor enters any other expenses in their own currency.

The high and low boundaries for usable packages are \$300 PPPT and \$10,000 PPPT.

Shopping expenses

The shopping section has several subcategories. For instance, there is category called food and beverage, which has 3 subcategories: restaurants, dinner shows and dinner cruises, and groceries. Visitors can fill in any of the 3 details and/or the subtotal for food. If they do not fill in the subtotal, then the sum of the details is placed into the subtotal. If they fill out the subtotal and the details, and the subtotal is lower than the sum of the details, then the subtotal is made equal to the sum of the details. If the sum of the details is lower than the subtotal, or if the details are all blank, then the difference between the subtotal and the sum of the details is placed into an extra detail category called "unallocated". The unallocated is later allocated manually into the other detail categories after averages are computed.

Adjust for double counting

A major change to 2002 processing and later is to fix a problem with the addition performed by the visitors when they fill out the survey forms. In the past, when a user entered a total expenditure value that was higher than the sum of the details, the total was assumed to be correct and the difference was allocated into a "balancing expenses" category. On further examination, well over 90% of the cases that had non-zero balancing expenses, and the difference was not due to extra spending that was not entered in the details, but instead was due to double counting when the visitor added the details to put into the total spending category. The visitors were basically double counting the subtotals—they would add the details of restaurants, dinner shows/cruises, and groceries, and then add the food subtotal, thus double counting their expenses.

This was fixed for end of year 2002 processing.

Which cases to include

In the past, any case with non-zero spending was included in the final results. There are new rules to determine which cases are included or not.

There are 6 subtotals for expenditures: food, entertainment, transportation, lodging, shopping, and other. A visitor must fill out any detailed item or subtotal in 2 of the 6 in order for the case to be included in the final results.

Hotel

Lodging expenses are estimated for non-package cases that do not give their lodging expenses and stay in hotels, condos, or B&Bs. The average room rate for their class of hotel is used.

GET and TAT taxes are added to the hotel rate.

Determining good cases

Sometimes the users fill out the forms incompletely or incorrectly. There is a set of rules to determine whether a case should be included in PPPD calculations.

Cases are not used if there are determined to be outliers using a natural log calculation of their PPPD. IF the natural log of their PPPD is outside of 3.5 standard deviations of the mean, then they are considered outliers, and not used in summary calculations.

If the visitors did not come on package and stayed in accommodations other than hotel, condo, or B&B, then they had to have PPPD spending greater than zero.

If they came on a package, they had to have non-zero spending in non-package spending categories.

3. Package processing syntax

Processing for packages is significantly different from the International Departure Package processing.

For Neighbor Island package processing, the components of the package are assigned, and then those components are scaled proportionately so that they add up to the total package price. The International Package processing is more sophisticated than the Neighbor Island Package processing. See the International expenditures documentation for more information on its rules.

Any visitor who says they came on a package is asked their cost of the package and what was included in the package. From that information, costs will be allocated to the various components of the package and included in total spending.

Overhead

Much effort went into analyzing the amount of overhead for packages. Overhead is the amount that a package wholesaler will mark up a package to cover his costs and any amount paid to a travel agent that ultimately sells the package.

The overhead rate was estimated to be 15%. This overhead cost is considered to go to the companies out of Hawaii, and is not included in in-state PPPD spending.

Airfare

Airfares used in processing come from two sources. For everywhere except Japan, they come from a DOT survey of average airline rates from various cities in the world to Hawaii. For Japan, they are estimated from package booklets, based on the day of arrival.

Lodging

The hotel portion of packages is estimated from average room rates by hotel class published from Smith Travel and Hospitality Advisors. DBEDT maintains a file that

contains these data, and the data in that file are then matched to the package data. Each person is asked which hotel they stayed. That information is recoded into hotel classes by island.

If the visitors are from Japan or Other Asia and on package, and they give a party size of one, only half of the room rate is allocated to the package. Usually parties of one on package will share a hotel room with another person.

GET and TAT are added into the hotel cost, as they are excluded from the published hotel room rates.

Food

If food is included in a package, the cost is estimated at \$10 PPPD for Breakfast and \$30 for Dinner.

Interisland airfare

A rate of \$80 per person per flight is used in package calculations for EOY 2005.

Rental car

A rate of \$40 per day is used for rental cars.

Sightseeing

A rate of \$75 per person per trip is used.

Interisland Cruise

For trolley \$90 per person per trip is used.

Once the packages are scaled, the components are allocated into the regular expense categories.

5. Weighting syntax

Data weighting is a statistical procedure applied to adjust for differences in sampling and non-responses. The departure results are weighted by visitor days. This is an adjustment that gives appropriate weight to larger parties and parties with longer length of stays.

STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

**EXHIBIT F – NEIGHBOR ISLAND VISITORS' SURVEY FORM
(ENGLISH VERSION)**



DBEDT

THE DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM
STATE OF HAWAII

NI

Aloha. On behalf of the State of Hawai'i, thank you for visiting. Please take a few moments to complete the questions. This information helps us insure the quality of your Hawai'i experience remains the best it can be. Please mark ☒ each box or print 1 2 clearly.

Your answers are strictly confidential and are tabulated for statistical purposes only. We greatly appreciate your assistance. Mahalo!

[Fill out one form per family/party]

1. The total number of people (including myself) covered by this form is:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

2. You are a(an):

- ☐ Out-of-state or foreign visitor to this island.
☐ Hawai'i resident visiting this island from another island.
☐ Resident of this island going on an out-of-island trip, to be away for nights. [ANSWER QUESTIONS 9 - 13 ONLY]
☐ Resident of this island moving to another island/state/country. [STOP. PLEASE TURN IN YOUR FORM]

3. On this trip, you were on this island for: [ONE ANSWER ONLY]

- ☐ Transit only (did not leave airport). [STOP. PLEASE TURN IN YOUR FORM]
☐ One-day trip, did not stay overnight [CONTINUE TO QUESTION 4]
☐ Stayed at least one night [CONTINUE TO QUESTION 4]

4. On this trip, how many NIGHTS will you or have you stayed at each location?

	# of NIGHTS stayed (write "0" if day-only trip)
O'ahu	<input type="text"/>
Maui	<input type="text"/>
Kaua'i	<input type="text"/>
Molokai	<input type="text"/>
Lana'i	<input type="text"/>
Kona (Big Island of Hawai'i)	<input type="text"/>
Hilo (Big Island of Hawai'i)	<input type="text"/>
TOTAL ALL ISLANDS	<input type="text"/>

DO NOT WRITE IN THESE BOXES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. This trip to this island was your:

- ☐ 1st time ☐ 5th
☐ 2nd ☐ 6th to 10th
☐ 3rd ☐ Greater than 10
☐ 4th

6. You came on this trip as a member of an organized group tour:

- ☐ Yes ☐ No

7. You came on a pre-paid package trip that included at least airfare and lodging:

- ☐ Yes ☐ No

8. Where did you stay while on this island? [MARK "X" ALL THAT APPLY]

- ☐ Hotel
☐ Condominium
☐ Rental House
☐ Timeshare Unit
☐ Bed & Breakfast
☐ Cruise Ship
☐ Friends or Relatives
☐ Hostel
☐ Camp Site, Beach
☐ Other (please specify)

DO NOT WRITE IN THESE BOXES

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- 8a. What is the name of hotel/condominium you stayed at while on this island?

DO NOT WRITE IN THESE BOXES

<input type="text"/>	<input type="text"/>
----------------------	----------------------

9. The primary reason for the trip to this island was: [RESIDENTS -- MARK "X" PURPOSE OF THIS TRIP]

- ☐ To Get Married
☐ Honeymoon
☐ Pleasure/Vacation
☐ Convention/Conference
☐ Corporate meeting
☐ Incentive trip
☐ Other business
☐ Visiting friends or relatives
☐ Government or military business
☐ To attend school
☐ Sporting events
☐ Other (please specify)

DO NOT WRITE IN THESE BOXES

<input type="text"/>	<input type="text"/>
----------------------	----------------------

10. What is your age?

- ☐ 12 or Under ☐ 25 to 40
☐ 13 to 17 ☐ 41 to 59
☐ 18 to 24 ☐ 60 or older

11. What is your gender?

- ☐ Male ☐ Female

12. Of the people covered by this form (NOT including yourself), how many were:

	Number of Males	Number of Females
12 years or under	<input type="text"/>	<input type="text"/>
13 to 17 years	<input type="text"/>	<input type="text"/>
18 to 24 years	<input type="text"/>	<input type="text"/>
25 to 40 years	<input type="text"/>	<input type="text"/>
41 to 59 years	<input type="text"/>	<input type="text"/>
60 or more years	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>

13. You are a resident of:

- ☐ U.S.A. →
☐ Argentina
☐ Australia (specify zip code)
☐ Brazil
☐ Canada -
☐ China (PRC) (specify postal code)
☐ France
☐ Germany
☐ Hong Kong
☐ Italy
☐ Japan -
☐ Korea (specify postal code)
☐ Mexico
☐ New Zealand
☐ Singapore
☐ Switzerland
☐ Taiwan
☐ United Kingdom
☐ Other (please specify)

DO NOT WRITE IN THESE BOXES

<input type="text"/>	<input type="text"/>
----------------------	----------------------

14. Did you come to this island on a pre-paid package trip (including at least airfare and lodging)?

☐ Yes [IF YES, CONTINUE]

☐ No [IF NO, SKIP TO QUESTION 15]

a. How much did your package cost? US\$,

b. Number of nights covered by it:

c. Number of people covered by amount:

d. What did your package include? [MARK "X" ALL THAT APPLY]

☐ Airfare (to and from Hawai'i)

☐ Airfare (inter-island)

☐ Inter-island cruise

☐ Trip to another state/country

☐ Rental car

☐ Breakfast

☐ Lunch/Dinner

☐ Lodging

☐ Tours/Attractions

☐ Other (describe):

DO NOT WRITE
IN THESE BOXES

DO NOT WRITE
IN THESE BOXES

DO NOT WRITE
IN THESE BOXES

e. Name of the package:

f. Did your package include a stay on:

☐ this island only

☐ multiple Hawaiian islands

15a. Did you arrive on this island on a transpacific flight or an inter-island flight?

☐ Transpacific flight

☐ Inter-island flight

15b. How much did you pay for your flight (if not included as part of a package)?

• Transpacific flight (round-trip) US\$,

• Inter-island flight (one-way) US\$,

15c. Please indicate your departure information:

Date: - -
Month Day Year

Flight Number:

Airline:

DO NOT WRITE
IN THESE BOXES

DO NOT WRITE
IN THESE BOXES

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16. How much did you spend in total on non-packaged items while on this island? (NOT including packaged expenses and transpacific airfare in Questions 14 and 15). Of this amount, how much did you spend for:

"Amount spent on THIS ISLAND ONLY"

16a. Lodging (hotel, condo, B&B, incl. tips)

US\$,

16b. Total Food and Beverage

US\$,

• in restaurants, bars and other eating places

US\$,

• Dinner shows/ Dinner cruises

US\$,

• Groceries/snacks

US\$,

16c. Total Entertainment

US\$,

• Attractions

US\$,

• Recreation (golf, tennis, snorkeling, etc.)

US\$,

• Other entertainment & tours

US\$,

16d. Total Ground Transportation

US\$,

• Ground transportation (buses, taxis, trolleys)

US\$,

• Rental car/moped

US\$,

• Other transportation costs (gas, parking)

US\$,

16e. Total Shopping

US\$,

• Fashion and clothing

US\$,

• Jewelry/watches

US\$,

• Cosmetics/perfumes

US\$,

• Leather goods (belts, wallets, handbags, etc.)

US\$,

• Hawai'i food products (fruits, nuts, & other products)

US\$,

• Souvenirs

US\$,

16f. Other Spending (Describe)

US\$,

DO NOT WRITE
IN THESE BOXES

SUM OF Q16a-Q16f

US\$,

STATE OF HAWAII

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**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

**EXHBIT G – NEIGHBOR ISLAND VISITORS' SURVEY FORM
(JAPANESE VERSION)**



DBEDT

THE DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM
STATE OF HAWAII

アロハ！ようこそハワイへ。私達は、ハワイを訪れる皆様の旅をよりよいものにするために調査を行っております。お答えいただいたアンケートは重要な参考資料となります。それぞれの回答欄にX又は、1 2とハッキリお書き下さい。この個人情報、他の目的で使用されることは一切ありませんので、是非ご協力をお願いいたします。マハロ！

[1 家族／グループにつき 1 票記入]

1. この票にカバーされる人数は(あなたも含めて)?:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

2. あなたは:

- ☐ 旅行者.
- ☐ ハワイ在住だが、他島からこの島に旅行
- ☐ この島在住だが、他に泊旅行 [Q9-13 のみを回答]
- ☐ この島在住だが、他の島／州／国へ移り住むつもり [調査終了]

3. この旅行でこの島に来た理由は:(回答は1つのみ)

- ☐ 乗り継ぎのみ(空港を出なかった) [調査終了]
- ☐ 日帰り旅行 [Q4へ]
- ☐ 1泊以上滞在 [Q4へ]

4. この旅行であなたは、それぞれの場所に何泊なさる予定ですか、又何泊なさいましたか。

	宿泊数 (日帰りの場合は 0を記入)		
オアフ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
マウイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
カウアイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
モロカイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ラナイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
コナ(ハワイ島)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ヒロ(ハワイ島)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
合計の滞在泊数	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO NOT WRITE IN THESE BOXES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>
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5. 今回のこの島への旅行は何回目?

- ☐ 1回 ☐ 5回
- ☐ 2回 ☐ 6-10回
- ☐ 3回 ☐ 11回以上
- ☐ 4回

6. 今回の訪問は団体旅行でしたか?

- ☐ はい ☐ いいえ

7. あなたは、少なくとも航空運賃と宿泊費が含まれているパッケージツアーで来ましたか?

- ☐ はい ☐ いいえ

8. この島ではどこに宿泊なさいますか?(当てはまる物全てにx印を付けて下さい)

- ☐ ホテル
- ☐ コンドミニウム
- ☐ アパート
- ☐ タイムシェア
- ☐ ビー・アンド・ビー(B & B)
- ☐ 客船
- ☐ 友人又は親戚宅
- ☐ ユースホステル
- ☐ キャンプ、ビーチ
- ☐ その他 [具体的に]

8a. あなたがこの島に宿泊なさったホテル/コンドミニウムの名前は何か?

9. 今回の旅行の主な目的は? [住人の方へ-この旅行の目的にx印を付けて下さい]

- ☐ 結婚式
- ☐ 新婚旅行
- ☐ 観光/休暇
- ☐ コンベンション/会議
- ☐ 社内会議
- ☐ 招待旅行
- ☐ その他のビジネス
- ☐ 知人/親戚関係
- ☐ 政府/軍関係
- ☐ 留学
- ☐ スポーツイベント
- ☐ その他 [具体的に]:

10. あなたの年齢:

- ☐ 12歳以下 ☐ 25-40歳
- ☐ 13-17歳 ☐ 41-59歳
- ☐ 18-24歳 ☐ 60歳以上

11. あなたの性別

- ☐ 男性 ☐ 女性

12. 一緒に来た人数は(あなたを除いて):

	男性の 人数		女性の 人数	
12歳以下	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-17歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-24歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-40歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41-59歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60歳以上	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
合計	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. あなたの居住国は?

- ☐ アメリカ ☐☐☐☐☐ (7番号)
- ☐ アルゼンチン
- ☐ オーストラリア
- ☐ ブラジル
- ☐ カナダ ☐☐☐☐ - ☐☐☐☐ (7番号)
- ☐ 中国
- ☐ フランス
- ☐ ドイツ
- ☐ 香港
- ☐ イタリア
- ☐ 日本 ☐☐☐☐ - ☐☐☐☐ (7番号)
- ☐ 韓国
- ☐ メキシコ
- ☐ ニュージーランド
- ☐ シンガポール
- ☐ スイス
- ☐ 台湾
- ☐ イギリス
- ☐ その他 (具体的に):

14. あなたは、支払い済みパッケージツアーで来ましたか?(少なくとも航空運賃と宿泊費が含まれている)

☐ はい [続行]

☐ いいえ [Q15へ]

a. あなたのパッケージはおいくら US\$/¥ ,

b. 宿泊数は?:

c. 何人分の料金ですか?:

d. パッケージには何が含まれていましたか?
(当てはまる物全てに x 印を付けて下さい。)

☐ 飛行機代 (ハワイまでの往復)

☐ 飛行機代 (隣島間)

☐ 隣島のクルーズ

☐ 他の州/国: _____ への旅行: _____

☐ レンタカー

☐ 朝食

☐ 昼食/夕食

☐ 宿泊

☐ オプショナルツアー

☐ その他 (具体的に) _____

f. パッケージ名は:

e. あなたのパッケージの滞在は?:

☐ この島のみ

☐ 他のハワイの島にも滞在

15a. あなたは、この島には太平洋路線のフライトで到着しましたか?それとも隣島間のフライトでしたか?

☐ 太平洋路線のフライト

☐ 隣島間フライト

15b. 航空券はおいくらでしたか? (パッケージに含まれていない場合)

• 太平洋路線のフライト (往復) US\$/¥ ,

• 隣島間フライト (片道) US\$/¥ ,

15c. 出発日をご記入下さい:

日付: - - 年

便 名

航空会社

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DO NOT WRITE IN THESE BOXES

16. この島滞在中に使った金額はおよそいくらでしたか?
(パッケージの料金や Q14 と Q15 でお答えいただいた
飛行機代は除きます) その内訳は:

"この島での出費のみ"	
16a. 宿泊費 (ホテル、コンドミニアム、US\$/ B&B、チップを含む)	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
16b. 飲食費	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• レストラン、バーやその他の飲食店	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• ディナーショー/クルーズ	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• 食料品/スナック類	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
16c. 娯楽費	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• アトラクション	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• リクレーション (ゴルフ、テニス、シュノーケル、等)	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• その他の娯楽やツアー	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
16d. 交通費	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• 交通費 (バス、タクシー、トローリー)	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• レンタカー/スクーター	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• その他 (ガソリン、駐車代)	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
16e. 買い物	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• ファッション、衣料品	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• 宝石、時計	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• 化粧品、香水	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• 革製品 (ベルト、財布、ハンドバッグ等)	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• ハワイ食料品 (フルーツ、ナッツ等)	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
• おみやげ	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
16f. それ以外の出費 (具体的に)	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
SUM OF Q16a-Q16f	US\$/ ¥ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



STATE OF HAWAII

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE
SURVEY - FOR CALENDAR YEARS 2007 AND 2008**

SOLICITATION No. RFP-07-02-READ

EXHBIT H – EXAMPLE OF SAMPLE FLIGHT TABLE

Sample Statistics
Neighbor Islands Surveys
September 2005 through February 2006

Month: Six-Month Total

Neighbor Island Survey

		Population Data		Sample Data			Sample Fraction		Estimated Sample Error		
		Number	Pax	Flights	Flights	Pax	Flights	Pax	Flight	Ships	Pax
Airport											
	Oahu	-	-	-	-	-					
	Kauai	6,730	1,009,500	440	6,212	11,181	6.5%	1.1%	4.5	1.2	0.9
	Hilo	3,334	500,100	322	3,289	5,921	9.7%	1.2%	5.2	1.7	1.3
	Kona	6,252	937,800	276	2,487	4,476	4.4%	0.5%	5.8	2.0	1.5
	Maui	12,113	1,816,950	603	12,583	22,648	5.0%	1.2%	3.9	0.9	0.6
	Molokai	1,464	219,600	292	1,157	2,083	19.9%	0.9%	5.1	2.9	2.1
	Lanai	1,127	169,050	127	848	1,528	11.3%	0.9%	8.2	3.3	2.5
	other	2,300	345,000	-	-	-					
	Total	33,320	4,998,000	2,060	26,576	47,837	6.2%	1.0%	2.1	0.6	0.4
Destination											
	Interisland	26,203	3,930,450	1,665	17,406	31,331	6.4%	0.8%	2.3	0.7	0.6
	Domestic	5,928	889,200	383	8,967	16,141	6.5%	1.8%	4.8	1.0	0.8
	Canada	926	138,900	11	183	329	1.2%	0.2%	29.4	7.2	5.4
	Japan	263	39,450	1	20	36					
	Total	33,320	4,998,000	2,060	26,576	47,837	6.2%	1.0%	2.1	0.6	0.4
Week Part											
	Weekday	23,489	3,523,350	1,549	19,963	35,933	6.6%	1.0%	2.4	0.7	0.5
	Weekend	9,831	1,474,650	399	5,740	10,332	4.1%	0.7%	4.8	1.3	1.0
	Total	33,320	4,998,000								
Flight Times											
	5:00-10:59	6,830	1,024,500	526	4,647	8,364	7.7%	0.8%	4.1	1.4	1.1
	11:00-16:59	14,615	2,192,250	735	11,033	19,858	5.0%	0.9%	3.5	0.9	0.7
	17:00-12:00	11,813	1,771,950	490	7,416	13,348	4.1%	0.8%	4.3	1.1	0.8
	12:00-4:59	62	-	37	564	1,016					
	no data	-	-	272	2,916	5,250					
	Total	33,320	4,988,700	2,060	26,576	47,836	6.2%	1.0%	2.1	0.6	0.4
Days of Month											
	1 to 8										
	9 to 16										
	17 to 24										
	25 to 31										
	Total										
Airline											
	Aloha	10,411	1,561,650	571	7,784	14,012	5.5%	0.9%	4.0	1.1	0.8
	Hawaiian	10,250	1,537,500	582	7,606	13,691	5.7%	0.9%	3.9	1.1	0.8
	Aloha Island Air	5,112	766,800	443	2,477	4,459	8.7%	0.6%	4.4	2.0	1.5
	Pacific Wings	1,282	192,300	9	24	43	0.7%	0.0%	32.6	20.0	14.9
	Molokai Shuttle	-	-	17	44	80					
	American	1,311	196,650	94	2,505	4,510	7.2%	2.3%	9.7	1.9	1.4
	Continental	118	17,700	14	402	721	11.9%	4.1%	24.6	4.8	3.6
	Delta	454	68,100	14	486	875	3.1%	1.3%			
	America West	-	-	-	-	-					
	Harmony	137	20,550	3	75	134	2.2%	0.7%	56.0	11.3	8.4
	Northwest	380	57,000	23	841	1,029	6.1%	1.8%	19.8	3.3	3.0
	ATA	502	75,300	30	781	1,407	6.0%	1.9%	17.3	3.5	2.6
	United	2,980	447,000	175	3,323	5,982	5.9%	1.3%	7.2	1.7	1.3
	North American	-	-	-	-	-					
	Air Canada	-	-	-	-	-					
	West Jet	-	-	-	-	-					
	JALWays	149	22,350	10	129	232	6.7%	1.0%	29.9	8.6	6.4
	other	-	-	75	368	662					
	Total	33,086	4,962,900	2,060	26,845	47,837	6.2%	1.0%	2.1	0.6	0.4

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EXHBIT I – CERTIFICATE FOR FINAL PAYMENT (SPO FORM 22)

Reference: _____ (Contract Number) _____ (IFB/RFP Number)

1. Chapter 383, HRS, Hawaii Employment Security Law – Unemployment Insurance;
2. Chapter 386, HRS, Worker's Compensation Law;
3. Chapter 392, HRS, Temporary Disability Insurance;
4. Chapter 393, HRS, Prepaid Health Care Act; and

Moreover, _____
(Company Name)
acknowledges that making a false statement shall cause its suspension and may cause its
debarment from future awards of contracts.

Date: _____